

Parkland College

Respiratory Care Program Handbook

2024-2026

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Table of Contents

I. Parkland College Respiratory Care Program.....	5
Specific Required Accreditation and Related Organization Information	5
Parkland College Mission and Purposes	5
Respiratory Care Program Mission Statement.....	5
Parkland Statement of Core Values	6
Respiratory Care Program Statement of Core Values.....	6
Parkland College Civility Statement.....	6
Respiratory Care Program Goals and Objectives	7
Health Professions Structure	8
Statement on Health Profession Policies and Policy Compliance	8
Catalog Page.....	9
II. Admission Policies	9
Selective Admissions Process	9
Scoring Criteria and Prerequisites.....	10
Essential Qualifications and Accommodations Guidelines for Health Professions.....	101
Required Spoken and Written English	13
III. Academic Policies	13
Grading Scale	13
Grades, Course Enrollment and Progression.....	13
Grade Appeal.....	14
Academic Advising and Clinical Progression Longitudinal Record	14
Course Registration	15
Course Withdrawal.....	16
Program Withdrawal	17
Transfer In	17
Intent to Dismiss.....	17
Student Hearings and Due Process.....	18
Name and Address Changes.....	19
Attendance and Punctuality.....	19
Email, Computer Skills and Cobra.....	19

Technology in the Classroom and Lab	20
Artificial Intelligence (AI) in the classroom.....	21
Recordings in the Classroom.....	21
Equipment Needed or Required	21
Student Records and Student Confidentiality	22
Final Examination Requirement.....	22
IV. Graduation Requirements	22
Respiratory Care Program Graduation Requirements.....	22
Approved Professional Development.....	23
Respiratory Care Licensing or Board Exam Information	24
State Licensure.....	24
Petition to Graduation	24
Program Pinning and Recognition Ceremonies	25
V. Health and Safety Policies.....	25
Student Health Records, Immunization, Drug Screen and Background Procedures	25
Random and Reasonable Suspicion Testing	26
Title IX - Sexual Harassment.....	26
Title IX – Pregnancy	26
Communicable Diseases and Communicable Disease Policy.....	27
Student Health Status and Health Changes While in the Program	29
Inclement Weather	29
Public Safety and Escorts.....	30
Classroom Lab Emergencies.....	31
Medical Liability Insurance	31
Medical Leave.....	31
Emergency Alert System.....	32
Smoke Free Campus.....	32
VI. Clinical Instruction	32
Statement on Student Employment.....	32
Clinical Grading and Evaluation.....	32
Clinical Evaluation Tool.....	33
Bloodborne Pathogen and Infectious Disease Exposure or Other Occupational Hazards-.....	37

Clinical Accidents/Injury/Incident Reporting- Needle Stick and Exposures.....	38
Clinical Transportation and Parking	39
Clinical Progression and Failure	39
Clinical Dismissal	40
Patient Assignments at Clinical.....	40
Specialty Rotations.....	41
Student Work Policy at Clinical.....	41
Mandated Reporting.....	41
Clinical Course Policies	41
Attendance	41
Impact of Attendance on Grades	42
Other Grade Penalty Occurances.....	42
Clinical Competency List	43
Clinical Downtime.....	44
Guidelines for Success in Clinical	45
Common Clinical Problems to Avoid	45
Respiratory Care Program Professionalism	50
Technology and	51
VII. Student Conduct, Professional Behavior, Appearance and Standards	52
Dress Code	52
Personal Grooming.....	53
Personal Information Protection for HIPAA.....	54
Respiratory Care Program Professionalism	55
Respiratory Care Program Interprofessionalism.....	55
Work Ethics- <i>optional</i>	56
Respiratory Care Program Code of Ethics	57
American Association of Respiratory Care Statement of Ethics and Professional Behaviour	58
VIII. Parkland College Policies	58
Extended Absences	58
Absence Due to Religious Obligations	58
Children in the Classroom.....	58
Accessibility Services	58

Academic Honesty	59
IX. Health Professions Policies- <i>The following policies are posted on Cobra for Health Professions courses.</i>	60
Guidelines for Accommodations in Health Professions	60
Spoken and Written English Policy	60
Social Networking Policy.....	60
HIPAA Policy	60
Clinical Failure and Grading/Withdrawal	60
Intent to Dismiss Policies and Procedures	60
Student Health, Immunization, Drug, and Background Policy and Procedures	60
HP Model for Building Professional and Interprofessional Teamwork.....	60
Name Change on Graduation Policy	60
Health Professions Code of Conduct	60
X. Additional Program Topics	60
Classroom and Lab Etiquette	
XI. Student Policy Compliance and Attestation	61

I. Parkland College Respiratory Care Program

Accreditation

The Parkland College Respiratory Care program has been educating and training respiratory therapists for over forty years. The program has been accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Parkland College Mission and Purposes

The mission of Parkland College is to engage the community in learning.

The following purposes are of equal importance in fulfilling the mission of Parkland College:

Serve student by providing:

- High-quality and responsive developmental, technical-vocation, transfer and lifelong education programs;
- High-quality and responsive support services'
- A climate throughout the college that values and promotes integrity, inquiry, diversity, inclusion, active citizenship, global awareness, and academic freedom
- Serve employees by providing a supportive and responsive work environment
- Serve the larger community by providing services and resources that promote the intellectual, cultural, and economic development of Illinois Community College District 505.

Respiratory Care Program Mission Statement

In alignment with the Parkland College Mission and in compliance with the Commission on Accreditation for Respiratory Care (CoARC), the mission of the Parkland College Respiratory Care Program is “To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).” (CoARC standard 3.01) The program curriculum is based upon the National Board for Respiratory Care's (NBRC) *most recent examination matrix and national respiratory therapy job description survey, and specific community needs as identified by the program advisory board*. Performance standards for knowledge and clinical skills are established based on CoARC standards, and shared with faculty, students, and clinical preceptors. Advancement in the program is dependent upon acquisition and retention of knowledge, demonstration of clinical skills, and development of behaviors determined to be necessary for safe, effective patient care. In order to meet the guidelines for safe, effective, and efficient patient care, students are required to achieve the identified minimum levels of knowledge recall, analysis of clinical data, application of knowledge to solve clinical problems, and to demonstrate clinical skills competency in all areas of program curriculum.

The respiratory care program provides a foundation to enter into the practice of respiratory care. Continued practice in the field of respiratory care requires an attitude of life-long learning. The practice of respiratory care requires knowledge and skills, compassion and caring, blending the art of interacting with people with the science of respiratory diagnostics and therapeutics. Respiratory therapy students will develop critical thinking skills needed to apply evidence-based protocols to clinical decisions throughout the curriculum.

Parkland Statement of Core Values

As an institution of learning, Parkland College cultivates inquiry, practical application of knowledge, and broad enrichment across our community. The following values are important to the fulfillment of Parkland College's mission to provide programs and services of high quality to our students and community.

- **Honesty and Integrity**
In our daily operations, our classrooms, and all of our interactions, it is essential that we communicate openly, truthfully, and without hypocrisy.
- **Fairness and Just Treatment**
We advocate and strive for respect, equity, and justice in all of our operations and proceedings.
- **Responsibility**
We believe that employees and students are personally and mutually accountable for their actions as they carry out their duties. We understand the need to balance the pursuit of our own well-being with concern for others. Likewise, we understand the importance of balancing personal accountability with graciousness in the acceptance of help from others.
- **Multiculturalism**
We celebrate the diversity in both our community and our world. Our goal is to recognize, promote, utilize, and educate one another regarding the unique qualities and shared humanity of all people and cultures.
- **Education**
We provide a forum for innovation, critical thinking, open inquiry, and lifelong learning opportunities.
- **Public Trust**
In our efforts to serve the community, we honor the trust placed in us by our citizenry. We also rely on our community to guide and advise us as we continue to serve its needs.

Respiratory Care Program Statement of Core Values

Students in the Respiratory Care are expected to integrate the core values of Parkland College, into their actions in the classroom, the lab, and the clinic, and at any function at which they are representing Parkland College and/or the Respiratory Care Program. This includes honesty and integrity in completion of didactic and clinical assignments, fairness and just treatment of others, responsibility for one's own actions and words, respect for all cultures and socioeconomic groups, lifelong learning, and protection of the public trust.

Parkland College Civility Statement

Our College Core Values of fair and just treatment and responsibility serve as guide posts for civility. Parkland College is committed to campus wide civility by cultivating a community where the faculty, staff, and students:

- Respect people and property
- Show empathy and tolerance
- Demonstrate concern for and fairness towards others
- Employ critical thinking and patience
- Accept accountability for their actions.

Respiratory Care Program Goals and Objectives

Program Goal

The primary goal of the Parkland College Respiratory Care Program is *“To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).”* (CoARC standard 3.01.)

Respiratory Care Program Objectives

Through a variety of didactic and clinical learning activities the student will develop knowledge, clinical skills, and refine professional behaviors. Graduates of the program will:

1. Demonstrate professional and effective oral communication with patients, families, physicians, nurses, other caregivers as required, faculty and peers. Students will be routinely evaluated and assessed for development of appropriate use of medical terminology to communicate at the patient level of understanding, use of terminology to establish credibility and clarity with other members of the care team, and to build self-confidence, and poise.
2. Demonstrate effective written communication skills through documentation in the medical record.
3. Demonstrate safe and effective entry-level clinical skills, including resuscitation, medical gas therapy, aerosolized medications, airway clearance techniques, non-invasive mechanical ventilation or invasive mechanical ventilation and implementation of transmission-based infection control practices.
4. Demonstrate assessment skills that allow the graduate to identify respiratory conditions that require intervention. Demonstrate application of respiratory protocols based on identified conditions to suggest appropriate therapeutic interventions and modify therapies in response to clinical changes.
5. Demonstrate organization and prioritization of assigned patient care, developing the ability to respond quickly to changes in the workflow.
6. Demonstrate the ability to work both independently and effectively as a team member as needed.
7. Develop an awareness and understanding of legal, ethical, and moral values related to caring for patients with a variety of illnesses and injuries. Demonstrate the ability to effectively and efficiently care for patients and their families without regard to gender, race, age, religious preferences, sexual orientation, or socioeconomic status.
8. Demonstrate continued professional development and lifelong learning, earning and maintaining certification and registry credentials, and maintaining a current state license to practice at all times where it is required by law to be employed in the practice of respiratory care.

Health Professions Structure

Parkland College Health Professions is comprised of 17 career areas. Each career area is managed by a program director. Didactic (lecture), lab and clinical portions of the career areas are taught by full and part-time faculty. Students have the right to be heard and to appeal decisions made by the program director and/or faculty. Students who wish to appeal a grade or have a situation that needs attention, the student should follow the Health Professions Chain of Command.

1. Course lecture, lab, or clinical faculty,
2. Course coordinator (often the lecture faculty in a lecture, lab, and clinical course).
3. Program Director
4. Health Professions Faculty Chair
5. Professional Council on Academic Evaluation/Hearing
6. Health Professions Dean

If not resolved, follow the Parkland College Student Policies and Procedures found on the

<https://www.parkland.edu/Audience/Current-Students/Student-Policies-Procedures>

Statement on Health Profession Policies and Policy Compliance

The Respiratory Care program complies with all student policies and procedures approved by the Parkland College Board of Trustees including the Student Conduct Code, Student Grievance Policies and Procedures, Student Rights and Responsibilities, and Student Dismissal. (Refer to current college catalog and student policies and procedures: <http://www.parkland.edu/studentLife/policies>)

In addition to College policies, the Health Professions division has developed a set of policies for Health Profession students. The Health Professions division publishes policies that adhere to principles of quality educational practice as well as policies that protect the students, faculty and patients or clients. Health Profession policies are available on Cobra in every Health Professions course. If a policy or procedure changes after publications are printed or viewed, the web version of that document is updated immediately and will be considered the most updated and the version that will be followed. It is the responsibility of the student and faculty to acknowledge and abide by the guidelines published in the policies.

RESPIRATORY CARE

Health Career Admissions
Program Code: G.RTT.AAS

Associate in Applied Science (A.A.S.)

Graduation requirement — 71 semester hours

The Respiratory Care Program prepares students to enter into the practice of respiratory therapy. A Respiratory Care Practitioner (RCP) will assist in the diagnosis and treatment of patients with chronic respiratory diseases or acute respiratory compromise due to illness or injury. Most respiratory therapists are employed in acute care hospital settings. Long-term ventilator facilities, home care, and outpatient diagnostic laboratories offer other opportunities. This program is accredited by the Commission on Accreditation for Respiratory Care. Upon successful completion of the program, graduates are eligible to complete the National Board for Respiratory Care exams for the Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) credential. Practice requires state licensure in every state except Alaska.

Program Notes

- This program prepares students to meet the educational requirements for licensure in the state of Illinois. Parkland College has not yet determined that this program meets the requirements for licensure of any other state.
- This is a selective admissions program—students must be admitted to the program before taking any RTT course except RTT 117. See the selective admissions page for more information regarding admission, progression, and graduation.
- To be admitted to the program, students must have current placement out of MAT 072 and must place into ENG 101 and college level reading.
- A selective admission score of 2.5 or above must be attained to be considered for admission.
- Students who are non-native speakers of English must establish English proficiency through:
 - Minimum TOEFL iBT scores in reading, listening, speaking, and writing: 18-20-26-21; or
 - Minimum IELTS scores in reading, listening, speaking, and writing: 6-6.5-8-6.
- TOEFL iBT requirements in reading, listening, speaking, and writing are as follows: 18-20-26-21.
- For progression and graduation, students are required to maintain a grade of C (75 percent) or higher in all program courses, maintain a 2.2 minimum PGPA, and must adhere to the Parkland College Code of Conduct and the AARC Statement of Ethics and Professional Conduct. Students are also required to pass both the classroom and skills lab portions to pass the course.
- Clinical rotations may be denied if seasonal flu vaccine or any other required immunization is refused.

- Nontraditional schedules are required to complete some clinical rotations and professional development assignments. Clinical assignments are made by program faculty based on clinical site availability and the need to balance patient case mix with the CoARC requirements for clinical education. Students may be required to travel up to 100 miles from Parkland campus to complete all required clinical specialty rotations.

Suggested Full-time Sequence

FALL	SPRING	SUMMER
1st Semester	2nd Semester	3rd Semester
RTT 117	RTT 133	RTT 136
RTT 130	RTT 134	RTT 137
RTT 131	RTT 135	
RTT 132	RTT 151	
BIO 121	BIO 122	
	ENG 101	

FALL	SPRING
4th Semester	5th Semester
RTT 212	RTT 214
RTT 213	RTT 217
RTT 215	PSY 101
BIO 123	Gen Ed elec
ENG 102	

Required Program Courses (53 hours)		Cr. Hrs.
BIO 123	Microbiology	4
RTT 117	Introduction to Respiratory Care	1
RTT 130	Respiratory Therapy I	4
RTT 131	Respiratory Science	3
RTT 132	Respiratory Therapy II	4
RTT 133	Clinical Practicum I	2
RTT 134	Respiratory Therapy III	4
RTT 135	Respiratory Therapy IV	4
RTT 136	Clinical Practicum II	2
RTT 137	Advanced Ventilation	3
RTT 151	Respiratory Therapy V	3
RTT 212	Clinical Practicum III	4
RTT 213	Respiratory Therapy VI	4
RTT 214	Clinical Practicum IV	4
RTT 215	Respiratory Therapy VII	4
RTT 217	Respiratory Therapy VIII	3

Required General Education Courses (18 hours)		Cr. Hrs.
BIO 121	Anatomy and Physiology I	4
BIO 122	Anatomy and Physiology II	4
ENG 101	Composition I	3
ENG 102	Composition II	3
PSY 101	Introduction to Psychology	4

Total Semester Credit Hours 71

II. Admission Policies

Selective Admissions Process

The College is committed to a policy of open admission but admission to Parkland College does not guarantee enrollment in any specific program of instruction. When enrollments are limited, preference is given to residents of District 505 (College Policy 8.02).

Admission into most Parkland College Health Professions programs is selective, which means that admissions are competitive, and programs may have their own admissions criteria and minimum scores for admission. You must be accepted into the program prior to taking any courses in the major.

Please check the College catalog or the program websites for detailed information about admission to a Health Profession program.

<https://www.parkland.edu/Portals/3/Global/Documents/Catalogs/CATALOG%2022-23.pdf>
[Respiratory Care Program Information](#)

Scoring Criteria and Prerequisites

It is strongly recommended that you work closely with a Health Professions Academic Advisor, Faculty Chair or Program Director when seeking entrance to a Health Professions program.

Students who wish to apply transfer credit towards a Health Professions degree or certificate should verify acceptable credits before applying to the program by sending official transcripts to Parkland College Admissions and Records and requesting a transcript evaluation. Only undergraduate credit from regionally accredited institutions is accepted for scoring.

Program scoring and prerequisites are individual to each program but general guidelines for scoring are listed in the catalog. Program catalog pages list the selective admissions score that is needed to be eligible for each program.

Essential Qualifications and Accommodations Guidelines for Health Professions

The Program has an institutional commitment to provide equal educational opportunities for qualified students with disabilities who apply for admission to the program. The College has a responsibility for the safety of the patients and students. Each program has an Essential Qualification list that should be reviewed before applying to the program. The Essential Qualification list in conjunction with academic standards are requirements for admission, promotion, and graduation. Candidates with questions regarding the Essential Qualifications are encouraged to contact Accessibility Services at Parkland College prior to the start of the program. Compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990) is necessary and admitted candidates with disabilities are reviewed individually, on a case-by-case basis. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum.

Parkland College Respiratory Care Program

Essential Qualifications for the Respiratory Care Student

	Professional Behavior	Program Outcomes
Essential Qualifications		
Cognitive	<ul style="list-style-type: none"> • Ability to comprehend, memorize, analyze, and synthesize material, possess intellect (conceptual, integrative, and qualitative) abilities for patient assessment, problem-solving and judgment. • Maintains and builds judgment based on knowledge learned. Access, evaluate, and use a variety of information resources such as library services, electronic catalogs, databases, in an efficient, ethical, and legal manner. • Effectively use a variety of teaching/learning methods and strategies in individual and group learning situations. 	
Affective	Professional attitudes including but not limited to: altruism, accountability , excellence, duty, service, honor, honesty, integrity, respect for others, compassion, empathy .	
Psychomotor	<ul style="list-style-type: none"> • Stoop, bend, pull and push with full range of motion of body joints. • Push or pull an occupied wheelchair, cart or gurney. Lift and carry objects weighing up to 50 pounds daily. • Walk up at least one flight of stairs, and down two flights. • Maintain adequate skin integrity, without the presence of open, weeping lesions of the skin. • Execute motor movements reasonably required to provide direct patient care and emergency treatment including transferring, lifting, and turning patients, hygienic care, assisting patients in activities of daily living, and providing cardiopulmonary resuscitation. • Wear a protective mask for extended periods of time, including mask, gown, gloves, and eye protection. • Utilize fine motor skills, such as finger dexterity and eye-hand coordination for manipulation of equipment, computer workstation, patient assistance, and written communication. 	
Communication	<ul style="list-style-type: none"> • Communicate effectively with individuals of all professions and social levels, including patients, families, peers, colleagues, and faculty, orally and in writing; communicate accurately, in a timely manner, and in English. • Adapt communication style to meet the patient/family level of understanding. Manage facial expression, gestures and body language in a professional manner. 	
Sensory /Observation	<ul style="list-style-type: none"> • Observe accurately, perceive presence of abnormalities, and signs of disease, discern normal from abnormal, obtain auditory information from heart, lungs, abdomen, perceive and accurately interpret visual cues in order to recognize problems and intervene appropriately; perceive and interpret tactile information. • Effectively attend to multiple features of a task, while focusing on personal and/or group interaction, and use divided /alternating attention between two or more tasks in a quick and 	

	safe manner. Focus on patient care while maintaining an awareness of environment.	
Behavioral/Emotional	<ul style="list-style-type: none"> • Trustworthy at all times. Maintain and build professional behavior as learned and previously demonstrated: maturity, sensitivity, emotional stability, handle stress, stay focused under difficult/emotional situations, establish effective and harmonious relationships in diverse settings, cooperation, concentration, experience and communicates empathy, creativity, professional behavior at all times, keeps confidence, reliability, commitment, flexibility. • Effectively manage multiple priorities. • Practice program work ethics including attendance and timeliness. 	
Professional Behavior	<p>In the conduct of professional activities, the Respiratory Therapy student shall be bound by the following ethical and professional principles. Respiratory Therapy students shall:</p> <ul style="list-style-type: none"> • Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. <i>(This includes ethical behavior, teamwork, collegiality and judgement.)</i> • Seek educational opportunities to improve and maintain their professional competence and document their participation accurately. <i>(This includes initiative, motivation and self-directed learning.)</i> • Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice. • Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment. *Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family or required by law. • Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals. • Promote disease prevention and wellness. • Refuse to participate in illegal or unethical acts. • Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others. • Follow sound scientific procedures and ethical principles in research. • Comply with state or federal laws which govern and relate to their practice. • Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior. • Promote health care delivery through improvement of the access, efficacy, and cost of patient care. • Encourage and promote appropriate stewardship of resources. <u>AARC Statement of Ethics and Professional Conduct.</u> • Assume responsibility as a student for organizing and effectively using time to prepare for class and clinical. 	

	<ul style="list-style-type: none"> • Access transportation as needed for attending classes and clinical at the scheduled time and site. 	
Criminal Background/drug Checks	<ul style="list-style-type: none"> • No disqualifying conditions according to the IDPH healthcare worker background check act; meets all deadlines on admission and throughout the program. • No positive drug screen or clearance by the Medical Review Officer. 	

Required Spoken and Written English

Spoken and written language skills are critical to student success in clinical courses. Accurate communication between the student and patients and families, care providers, physicians, all hospital employees, and faculty is essential to patient safety. It is always with the safety of the patient in mind that the Spoken and Written English Policy/Procedure was developed. The Spoken and Written Policy is available on all Health Professions Cobra courses or available upon request.

Students will be required to take the TOEFL iBT or IELTS Assessment prior to admission to most Health Professions programs. Students must meet the minimum subset scores required by the program in reading, listening, speaking, and writing to qualify for the program. See the catalogue for the minimum subset numbers. Students are not accepted to a Health Profession Program until they have qualified by meeting all requirements of the program.

Because English language skills develop with practice over time, TOEFL scores will only be accepted six months apart, and after the student's performance plan is implemented. Any scores more frequent will not be accepted.

III. Academic Policies

Grading Scale for all RTT courses

- A- 91.45-100 %
- B- 82.45-91.44%
- C- 74.45-82.44%
- D- 67.45-74.44%
- F- <67.45%

Note that the grade requirements may be higher than in some programs of study or general education courses. Any grade less than a C is a failing grade in the RTT program. A "D" or an "F" in any RTT course will result in dismissal from the program. Students dismissed from the program due to grades may discuss with the program director the options for repeating failed coursework the following year.

Grades, Course Enrollment, and Progression

The Respiratory Care Program sequence begins with the fall semester of each year. Progression requires that the student maintain a minimum program GPA of 2.2, or a C in all program required courses. Anatomy and Physiology (BIO 121) must be completed prior to or during the first semester in- program, and the second anatomy and physiology (BIO122) must be completed before or during the second semester in program. All respiratory courses are offered once each academic year and

must be completed in sequence. If a student fails a program course, the student will be unable to progress in the curriculum and will be withdrawn from the program. Students who have failed a course will be offered an opportunity to return to the program the following year. Re-entry will require the student to complete a written composite exam to validate retention of all course work that precedes the failed course. The student will be required to complete the clinical course associated with the semester the student resumes, regardless of the grade previously earned for the course.

When a student is identified by the instructor as “at risk for failure,” the instructor will initiate a discussion to clarify the specific issue. An action plan may be developed to identify and document the problem and provide the student with a specific plan for remediation required. An “Incomplete” may be posted as a semester grade in cases of prolonged absence; however, all “Incompletes” must be cleared, and a grade posted prior to the beginning of the subsequent semester. Failure to correct the problem(s) identified within the defined time period may result in suspension or withdrawal from the program. Discussions and action plans developed between a student and a faculty member are confidential.

Grade Appeal

According to College policy 8.15.03, the awarding of grades for work done in courses is the domain of the faculty. Only a faculty-led committee has the authority to override a grade on appeal, except in cases of approvals for drops without record, late withdrawal, and medical withdrawals.

A student who is not satisfied with a grade, grading process or final grade that he or she received, is advised to first meet with the course instructor. If the student is dissatisfied with the procedures used to calculate the grade, then the student may ask to meet with the Program Director.

If the student disagrees with the assigned grade, and feels the grade assigned meets one of the criteria for a grade appeal, the student goes immediately to the Faculty Chair and requests a Health Professions Professional Council on Academic Evaluation (PCAEE) hearing for the grade appeal process. If the PCAEE hearing does not resolve the situation, the student will proceed with the College Grade Appeal process as stated in the College Student Policies and Procedure Manual.

Academic Advising and Clinical Progression Longitudinal Record

It is a shared responsibility of the student and program director to maintain a longitudinal record of the requirements to complete the Respiratory Care program. Graduation requirements and required courses are published in the College catalog. If a student changes an academic plan or fails to complete a required component in the timeframe scheduled, the student should notify the program director immediately. The program director will maintain records to show completion of the graduation requirements.

Clinical Progression: Program students are expected to retain knowledge from previous semesters. The evaluation of clinical performance is based on the application of previously learned knowledge and skills as well as the comprehension and application of new skills and information each semester. Each student will have a longitudinal record of her/his clinical performance. Identified areas of concern from previous semesters will be considered in the summative evaluation of each student’s performance. Faculty will be assessing patterns and trends of learning and will take this into account in each course evaluation. The record includes clinical evaluations, any action/remediation plans that

have been written for circumstances that resulted in a grade of “unsatisfactory” being assigned, and any other information related to the student’s progression/performance in the program.

Students may review their record with the program director by making an appointment. Student will inform the program director in advance that they wish to review their record so their record will be available at the time of the appointment.

Course Registration

Respiratory Care courses are restricted, and students may not register themselves for program courses. Students will meet with the program director for advising prior to registration for the next semester. The program director will register students for RTT courses and any needed general education courses. The student may self-register for general education courses if preferred.

Student-Faculty Conferences

- Students will be advised each semester for enrollment in the following semester by the program director.
- Throughout the course of the Respiratory Care Program, regular scheduled meetings will be arranged between the student and the program director to discuss and evaluate the student's academic and clinical progress.
- The Director of Clinical Education will meet with each student to discuss clinical competency progress and completion of clinical course learning outcomes at the end of each semester, or more frequently, if needed.
- Conferences may be scheduled more often when desirable or needed. Meetings may be requested by either the director or the student.
- At the conclusion of each course, the college will ask students to write an on-line evaluation of the course, including content, process, and individual faculty member's performance. Instructors may additionally ask for student evaluation of specific assignments. These will be non-graded assignments, but helpful to the faculty. A formal on-line evaluation for every course will be emailed to every enrolled student by the college institutional review department.

All faculty members maintain scheduled office hours each week. Students should feel free to contact instructors during these times as the need arises. These office hours are listed in syllabi and posted beside faculty members' office doors. See course specific syllabi for individual faculty office hours.

Clinical Progression

Program students are expected to retain knowledge from previous semesters. The evaluation of clinical performance is based on the application of previously learned knowledge and skills as well as the comprehension and application of new skills and information each semester. Each student will have a longitudinal record of her/his clinical performance. Identified areas of concern from previous semesters will be considered in the summative evaluation of each student’s performance. Faculty will be assessing patterns and trends of learning and will take this into account in each course evaluation. The record includes clinical evaluations, any action/remediation plans that have been written for circumstances that resulted in a grade of “unsatisfactory” being assigned, and any other information related to the student’s progression/performance in the program.

Students may review their record with the program director by making an appointment. Student will inform the program director in advance that they wish to review their record so their record will be available at the time of the appointment.

Course Withdrawal and Drop

The College publishes the regulations concerning course withdrawal and drop in the catalog and on the College website under Admissions and Records. The dates within which students may withdraw from the course are published in the College calendar on the Parkland website.

Students who never attend or cease to attend, any class in which they have enrolled must be dropped by the instructor. Instructor initiated withdrawals can only be performed between the end of the student drop period and midterm. Please see the *General College Syllabus* that is posted on Cobra for further detail on Instructor Withdrawal and Student Withdrawal from a Class Section.

For students in Health Professions, withdrawing or dropping a course can have impact on status in the program. Students should notify the lead faculty of the intent to withdraw from the course and obtain information about the current status in the course (passing all portions or failing any portion of the course). If the course is a pre- requisite and/or co-requisite for another courses, the student will be advised as to what impact that may have on his/her program status.

Respiratory Care students will be withdrawn from the program when they drop any course in the sequence.

Course Withdrawal Process: <https://www.parkland.edu/Main/About-Parkland/Department-Office-Directory/Admissions-Records/Drop-Withdraw-a-Class>

Reinstatement or Readmission Policy

A student may seek readmission to the Respiratory Therapist Program one time. Students wishing to return to the first semester must reapply to the program through Admissions and be re-scored. Students requesting re-admission in later semesters must initiate the readmission process by submitting a written request to the Program Director prior to the March first deadline for new applications. The written request must address the cause of the previous withdrawal and include a personal plan to achieve a positive outcome in the readmission.

Progression in the program requires that the student successfully complete (grade of C or higher) all courses in each semester to remain in the program. Students who have failed a course will stop out at that semester. Students will be offered an opportunity to return to the semester in which he/she stopped out, as space in the program is available. The student will be required to demonstrate retention of material by completing a comprehensive exam covering the content of the courses prior to semester the student is returning to. A score of 75% will be required on the re-entry exam. A student who returns to the program will be required to complete the clinical course associated with the semester, regardless of any grade previously earned in that clinical course.

Readmitted students will receive individual Action Plans (contracts) that will specifically list the activities/courses the student must follow to be readmitted and subsequently have the opportunity for success. The student will meet with the Respiratory Program Director for advising and course sequence information before the first week of class.

Program Withdrawal

Any student withdrawing from a Respiratory Care program course must also withdraw from the program. College policy states that the student must officially withdraw. Instructors may withdraw a student from a class only for non-attendance during the first ten days of the semester. After that date, a student who wishes to withdraw from a course must complete the request at the Admissions Office. Dropping or failure to achieve at least a “C” in a program course, or a required program course, i.e., any biology course in the required semester, will result in the student being dropped from the RTT program by the program director.

Students who wish to withdraw from the Respiratory Care Program must notify Midge Seim, program director, of the intent to withdraw from the program. The student must complete a Program Withdrawal form, listing all currently enrolled courses. The program director signature is required to process this form. Failure to turn in the official program withdrawal forms will result in an “F” for each course.

Transfer In

Although the curriculum requirements are consistent for all schools, the order and sequencing of course content is variable between programs. To prevent gaps in essential curriculum guidelines and avoid requiring students to repeat portions of course work previously completed the Parkland College Respiratory Care program will not accept students as a transfer in with advanced standing in the program.

Intent to Dismiss/Academic Dismissal from a Program

When the student’s performance falls below standards and shows no improvement and/or the faculty trust in the student is broken by a severe breach, the faculty may recommend suspension and/or dismissal.

When deciding to make a recommendation, examples considered by faculty include, but are not limited to, what has been covered in the curriculum, where the student is within the curriculum, the expectations at that stage of the curriculum, documentation of past performance, what the student has done/not done, and the severity of the infraction.

When a recommendation for dismissal occurs, it means that a student will be dropped from any health professions specialty classes (classes designated as in the major). The student will be able to continue to attend any general college courses in which they are enrolled. Program dismissal does not necessarily preclude re-admission into the program later. Health Profession’s program dismissal is a separate process from, and not necessarily related to the college’s disciplinary procedures for suspension, dismissal and expulsion from the college.

Recommendation for dismissal can include but are not limited to impaired practice, failure to maintain grades, student performance, non-compliance with clinical, course or program policies,

non-compliance with Essential Qualifications, academic dishonesty, plagiarism, professionalism and patient safety.

Suspension does not necessarily lead to dismissal in every situation. An interim suspension can be used pending the outcome of an investigation.

Chain-of-command: For the purposes of this policy the chain of command is as follows:

1. Course lecture, lab, or clinical faculty,
2. Course coordinator (often the lecture faculty in a lecture, lab, and clinical course).
3. Program Director
4. Health Professions Faculty Chair
5. Professional Council on Academic Evaluation
6. Dean
7. Vice President

Please refer to Health Professions Essential Qualifications, Code of Conduct, and Intent to Suspend or Dismiss Policy and Procedures for complete information. Policy can be found on Cobra Health Profession courses.

Student Hearings and Due Process

Students who face recommendation for clinical suspension and/or program dismissal will be afforded due process through established procedures. Before dismissal, every student will receive:

- Written notice of academic expectations.
- Each Health Profession's program will include their Essential Qualifications in the student handbook and the process and procedures for program probation, clinical suspension, and program dismissal in the program handbook. The handbook will be available on the program web site, Cobra online or printed.
- Written notice of their deficient performance each time the performance is deficient.
- An informal give-and-take face-to-face meeting with the faculty decision-maker after every noted instance.
- When possible, reasonable time to change/improve their deficient performance. Reasonable time to change or improve performance may not be possible for patient safety situations.
- Notice of potential consequences such as delay of graduation, suspension and dismissal from the program that may result as a failure to correct deficiencies.
- Exceptions for notice or giving a reasonable time for improvement may include violations of patient's rights, safety or egregious violation of professional standards.
- If performance is not according to standard or falls below expectations, the faculty may recommend dismissal.

The student must be afforded the opportunity for a PCAE hearing. Professional Council on Academic Evaluation: (PCAE) is the Health Professions Council on Academic Evaluation and is the fourth step in the chain of command in the Health Profession's formal process for this policy. It is the division philosophy that issues between students and faculty are solved as close to the classroom as possible. When that is not possible, the PCEA is part of the formal process for resolving these issues.

Name and Address Changes

It is the student's responsibility to ensure that the student's legal name is in the Parkland system. Students should also update the address on file with Parkland College. Registration may be delayed for failure to update address as requested by Admissions and the Business Office. Only the student's legal name can be used to register for National Board for Respiratory Care (NBRC) exams.

Attendance and Punctuality

Attendance at all classes, labs, and clinical are expected. Punctuality and attendance for the entire class is required. Students are expected to phone or email the instructor at least 30 minutes prior to the start of class. Most in-class quizzes and POP quizzes are given at the beginning of class and may not be made up later.

- Students who miss more than three unexcused academic class periods will receive a 2% reduction in the final grade for that course.
- Students who miss more than 2 labs will receive a 4% reduction in the final grade.
- Refer to the specific clinical course syllabus for grade penalties for missed clinical days, tardiness penalties, and "no call- no show" penalties. A student who misses more than two clinical days will be evaluated for clinical competency, and additional clinical time scheduled as needed to adequately develop clinical skills.

Refer to individual course syllabus for instructor specifics.

Email, Computer Skills and Cobra

Parkland College uses email as an official means of communication. All students and faculty are issued an official Parkland email account. According to Parkland policy, 3.41, Parkland email services are the official email services to be used for instruction, instructional support, advising, service, administration, and college-related correspondence in support of the College's mission. The College has the right to send communications via email and expect those communications to be read in a timely fashion. Students are expected to check email prior to a class session to get the latest updates or changes for that class period.

The College has the right, when required by applicable law to access, review, and release all electronic information that is transmitted or stored by the College whether or not such information is private in nature. Confidentiality or privacy of electronic mail cannot be guaranteed.

Email is subject to all pertinent laws regarding sharing or transmission of sensitive information such as Freedom of Information Act (FOIA), Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). All student records are protected by FERPA and faculty do not provide access to student information within the course without a need to know.

All course material included on the course Learning Management System (Cobra) requires a student to utilize a secure log in and password to access their content. Email policy, 3.41 ensures that students protect their user information and do not share with anyone. "Users are responsible for safeguarding their username and password and for using them only as authorized. Sharing email accounts and/or passwords with another person or attempting to obtain access to another person's account is prohibited. Each user is responsible for all email transactions made under the

authorization of his or her Parkland email username.” Verification processes are used to protect student privacy.

For online courses in which tests are proctored, a photo ID that matches the user at the computer is required; or students may be required to go to a testing center in person with photo ID.

Students in the Respiratory Care Program should have computer access to complete online and computer assignments and assessments. If the student does not have access to the internet or a computer at home, it is strongly suggested the student utilize an open lab at Parkland prior to leaving campus.

Basic computer skills required to participate in the Respiratory Care program include ability to use Word, to write single and group e-mails, to use the Internet, to conduct on-line research, to use Power Point, including adding audio to presentations, to access grades from WebAdvisor, and ability to participate in on-line instruction and assessment using Cobra.

The Tech Service Desk is a one-stop shop for Parkland students seeking assistance with Parkland technologies, including my.parkland.edu, email, Cobra Learning, Wi-Fi, ParklandOne, Microsoft Office 365, and more. See General College Syllabus

You may contact the Tech Service Desk in several ways.

- Call 217-353-3333
- Email TechHelp@parkland.edu
- Stop by Room A184

Respiratory Care Program students are required to demonstrate basic computer competency skills as a requirement for graduation. Parkland provides a FREE basic literacy course to any Parkland student. This course does not affect GPA. The registration process is a self-directed one. Student will need to follow this process:

1. Go to “Discover” tab in Cobra
2. Search for course
3. “CTC Computer Literacy”
4. Enroll
5. Once enrolled, they will see their course under “My Courses”

If you have difficulty registering, go to _____.

Technology in the Classroom and Lab

Cell phones, tablets, and personal computers by their very nature are a distraction and may interfere with instruction and/or student learning. Or they may be an integral part of the class learning activities. The use of cell phones, tablets, and personal computers during class or lab is discouraged except when needed for an activity within the class or lab. For example, you will use your cell phone or tablet to record competency activities in lab. Cell phones should be on silent mode and available for emergency notification only. If your smart watch also serves as a cell phone, it should be treated as such, and set to silent. There is a 10 minute break between each class period in the morning, and a break during lab during when you may check and respond to emails/texts/social media. Faculty may

include a “professionalism” category in the grades, where points may be deducted for inappropriate, excessive, or distracting use of cell phones for texting/talking/ during instruction.

Artificial Intelligence (AI) Tools in the Classroom

It is expected that student’s assignment will include the original work of the student. Artificial Intelligence tools may be used as an idea generator but may not be used to create an assignment unless the instructor specifies otherwise. Work submitted to the drop box will be compared to the writings of the student in other assignments. Work submitted using AI will be scored a zero.

Recordings in the Classroom

College policy 5.01.03 states that students who wish to record classroom learning activities must require permission from the instructor prior to doing so. Classroom learning activities include lectures, in-class discussions, student presentations and other course-related activities. The policy covers all forms of recording using available technology. The instructor should specify the kinds of learning activities that are permitted to be recorded and the medium in which the recording takes place. The instructor has the right to deny or limit the request.

Students are allowed to record learning activities as an accommodation under the American with Disabilities Act (ADA) if the Accessibility Services ID card is issued and presented to the instructor. Students who request recording permission under the ADA must not be denied permission.

Violations of this policy are subject to disciplinary action. Lastly, students in the classroom have the right to know that their class is being recorded. The instructor will notify the class that permission has been given for a recording without identifying the individual student(s) requesting permission. Students wishing to record any portion of class or take pictures of any images displayed during class or lab is to request permission of the respective instructor prior to making the recording or taking the picture. Taking pictures of exam questions during exam review is expressly prohibited.

Equipment Needed or Required

In addition to tuition, fees, and textbooks, students can expect additional costs for these supplies required for the program:

Personal computer: ***needed throughout the program***

Access to scanner or cell phone application that will produce a clean scan.

Routine school supplies: notebooks, pens/pencils etc.

Stethoscope, bandage scissors: included in program fee.

Clinical Uniform: Students will be required to dress in clinical uniform for lab beginning in week 3, following the Labor Day holiday. This includes hunter green scrubs with Parkland Health Career patch on the top of left sleeve, soft soled, enclosed shoes, no open toe or open/strap-back shoes permitted in the lab or the clinical setting, stethoscope, bandage scissors, watch with a second hand, appropriate jewelry, and hair appropriately secured. A pocket-sized notebook is recommended.

Student Records and Student Confidentiality

Faculty are required to maintain student's privacy in accordance with the Family Education Rights to Privacy Act (FERPA). The Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, helps protect the privacy of student records. The Act provides for the right to inspect and review education records, the right to seek to amend those records and to limit disclosure of information from the records. The Act applies to all institutions that are the recipients of federal funding.

Records, files, documents and other materials which contain information directly related to a student and maintained by Parkland College or by someone acting for the College. Only the student or entities that the student has given written consent can receive information about the student's grades or progress. Please refer to FERPA information on the Parkland website:
<http://www.parkland.edu/about/ferpa.aspx>

Final Examination Requirement

A final exam is expected in each credit course at Parkland College. Final exams for all courses will be given during final exam week according to the official published schedule. These final exams are not to be given early (during regular class periods). Final exams for all other courses (courses with earlier end dates) will be given at the last regularly scheduled class meeting.

All requests from faculty to alter scheduled final exam times or dates must be reviewed and approved by the Faculty Chairs, Division Dean, and the Vice President for Academic Services.

In courses where a final exam is not appropriate, as determined by the Health Professions administration, an educational alternative scheduled during the week of final exams is expected.

Students: These official College guidelines were established to more fully ensure that you receive the full set of instructional class periods for which you paid and to which you are entitled and that you have the appropriate amount of time to prepare adequately for your final exams. If your final exam is given earlier than scheduled, please contact the Faculty Chair or Division Dean.

Three final exams scheduled on the same day may be considered a conflict. Conflicts may be resolved by arrangement with the faculty of these courses.

Questions or concerns about these guidelines should be directed to the Faculty Chair or Division Dean.

IV. Graduation Requirements

Respiratory Care Program Graduation Requirements

- The minimum requirement for graduation in this program is 71 semester hours with a minimum GPA of 2.5.
- Students in the program must maintain a minimum of a "C" in all program required courses.
- Students must demonstrate competency in all essential clinical skills.
- Students must complete a minimum of five professional development activities outside of routine classroom and clinical assignments. Suggested activities include attendance at

- professional conferences, participation in recruitment or informational events such as an open house, assist with Heart Walk, Pulmonary Rehabilitation events, or plan and implement a community event to promote respiratory health.
- Successful completion of the National Board for Respiratory Care Secure Self-Assessment Exam (SAE) with a minimum score of 92/140 questions. This is the minimum score to pass the NBRC Therapist Multiple Choice Exam at the high cut score and be eligible to take the Clinical Simulation Exam.

Approved Professional Developments

- **Respiratory Related Conferences:** The student may attend a major conference that is at least four hours in length. The student must obtain the certificate from the conference for documented proof of full attendance; this means students may be required to stay until the end of the conference to receive the certificate. Students must also have the PD sheet signed by an instructor if in attendance at the conference, or by staff personnel at the registration desk. Students are responsible for the registration fee for the conference, and any cost incurred in relation to the conference. Some conferences have special arrangements with hotels for discounted pricing if attending a conference that requires an overnight stay. Most hotels permit up to 4 people room share which can significantly reduce costs.
- **Community Education:** This professional development involves community education in the field of Respiratory Therapy. The student will be responsible for planning, preparation, participation and cleanup of this event. Events could include educational offerings at schools, hospitals, pharmacy, colleges, or for certain community groups such as The Boys and Girls Club. Examples of events or topics could include asthma education for school aged children, teaching the community how to take their respiratory medications properly with nebulizers, MDI's or DPI's, or a Cystic Fibrosis or Asthma Walk. Students will be responsible for any educational materials needed and should be prepared to host a quality event. All proposals need to be submitted to the Clinical Director via COBRA e-mail.
- **On-Line Learning and Testing:** Many on-line respiratory education offerings are available through equipment and pharmaceutical companies. Students must complete **4** hours of on-line learning to equal **1** Professional Development. Each on-line learning module requires a certificate print out for documented proof of course completion. Approved on-line learning sites will be provided for the student. AARC Early Professional membership provides access to a library of free or reduced cost on-line learning modules.
- **AARC Membership with Professional Journal Article Review:** Students may purchase an AARC membership for a professional development. With the membership students will be required to read and review 3 professional journal articles. Approved format for review will be provided and required by the Director of Clinical Education. Students will be required to submit the article (usually can be saved as a PDF), the student's review of the article, and documentation of AARC membership through COBRA e-mail to the Clinical Director for approval and credit.
- **Submission and Publication of an original student article or research paper:** The student will submit an original work and be accepted for publication in the ISRC Tract or one of the national respiratory journals.
- **Education Sessions:** Many mini respiratory related education sessions are available in the community for continuing education. Most education sessions last approximately 1 hour and are easily within driving distance of the student's home site or offered virtually. Students

must complete 4 mini education offerings to equal 1 professional development. All attended offerings must be completed outside of the student's scheduled clinical, and not be in conjunction with any other school activity or individual work shift. The student will be required to write a summary of what he or she learned, and how the learning will impact his or her personal professional practice for each offering attended. Summaries lacking sufficient information will be given back to the student for completion. A format will be provided for the summary.

All Professional Development activities must be specifically approved by the Director of Clinical Education.

Respiratory Care Licensing and Board Exam Information

Entry into Respiratory Practice

The program prepares students to become Registered Respiratory Therapists (RRT) in accordance with the standards established by the Commission on Accreditation for Respiratory Care. Upon successful completion of the program, the student is eligible to enter the National Board for Respiratory Care's (NBRC) examination system. Successful completion of the NBRC Therapist Multiple Choice (TMC) exam allows the graduate to be officially recognized as a Certified Respiratory Therapist (CRT) and to apply for a state specific respiratory care practitioner (RCP) license in most states. Completion of the TMC exam at the established higher cut score allows the graduate to complete the Clinical Simulation Exam (CSE). Successful completion of the Clinical Simulation exam grants the graduate the Registered Respiratory Therapist (RRT) credential. There are separate applications and fees for credentialing exams and state licenses. After completion of the CRT or the RRT, the respiratory therapist may attain additional specialty credentials through independent study and testing in the neonatal and pediatrics, diagnostics, sleep medicine, adult critical care. Although there is no limit to the number of attempts that a graduate may have for the NBRC exams, there is a 120-day waiting period after the third failed attempt.

State Licensure

The practice of respiratory care requires a license from every state in which a practitioner may be employed. The Illinois Respiratory Care Practice Act regulates the activities of the Respiratory Care profession in Illinois. Initial licensure requires that the candidate graduate from an approved respiratory care educational program and successfully complete the National Board for Respiratory Care Therapist Multiple Choice exam with a minimum score of 86/140 questions and pay the fee. License renewal requires 24 hours of respiratory continuing education.

Petition to Graduation

Students will complete the Admissions form, Petition to Graduate at the start of the last semester of the program. Results of the graduation requirement audit are emailed to the student from an Admissions representative. It is the student's responsibility to report any deficiencies to the program director. To ensure on-time graduation, Respiratory Care students will complete a petition to graduate in the 4th semester (fall of second year). This allows students to identify any deficiencies and register for needed course work in the final semester of the program.

Program Completion and Commencement Ceremonies

Respiratory Care Program students who have completed graduation requirements will have the opportunity to participate in the all-college commencement ceremonies. Although this is optional, students are encouraged to participate and celebrate their accomplishments.

Parkland College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation, such as a sign language interpreter, or have questions about the physical access provided, please contact the Accessibility Services by phone at 217-353-2338, or by email at accessibilityservices@parkland.edu. To provide seamless access please submit all requests two weeks in advance of your participation or visit.”

V. Health and Safety Policies

Student Health, Immunization, Drug Screen and Background Procedures

The conduct standards for Healthcare Professionals and students are higher than those of the ordinary student or citizen because of the inherent responsibilities assumed by their role with patients, and the trust the public places on their profession to do no harm. Students and faculty in the Health Professions program will maintain all required immunizations as required by the clinical partners. If new requirements are issued by a clinical partner, faculty and students will be required to comply to remain in clinical coursework.

Student Health Records, Immunization, Drug Screen, and Background

To be admitted to the program, immunization records and evidence of physical examination must be complete and on record on Castle Branch website. Background and Drug Screens must also be complete. The student will be dropped from program courses if non-compliant. Follow program procedures for re-enrollment and status in the program. If a student has a second incident of non-compliance, the student will take a year leave from the program.

Once admitted to the program, all health record requirements must be up to date to remain in program courses. Students with incomplete health records will not attend clinical and the missed time will be counted as a clinical absence for each day missed. Make up hours are not available for clinical absences. Students must be current through the entire semester of the course. The student may need to renew before it is actually due and before you are notified by Castle Branch to renew. Due dates to stay current and compliant for each semester are: July 15 for fall courses, December for spring courses and May 15 for summer courses. New respiratory care students must have all Health Record requirements submitted and approved by October 15.

Required vaccinations and immunizations are specific to the Health Professions Program. Each student will submit health records according to the program guidelines. The most updated information for all vaccinations and immunizations can be found on the Health Professions website: [Health Records and Covid Vaccination Information](#)

Parkland College (PC) Health Professions is committed to maintaining a drug-free workplace and academic environment in compliance with the Federal Drug Free Workplace Act of 1988 and in Accordance with Parkland College Policy 3.24 Drug-Free Workplace.

For health and safety concerns, all students involved in Parkland College's Health Professions Programs which have a clinical contract requiring drug and background must be processed through clinical clearance and compliance through a health record, drug screen and background check. The presence of alcohol and/or drugs lawfully prescribed or otherwise, which interfere with student's judgment or motor coordination in a healthcare setting poses an unacceptable risk to patients, faculty, other students, the College and affiliated clinical agencies. The College recognizes its responsibility to provide for a safe academic environment for College students, faculty, and staff, as well as a safe clinical setting for students, faculty, patients and employees of affiliated clinical agencies. For the foregoing reasons, Health Professions students will be cleared for clinical courses prior to the start of the program or in some programs, prior to the start of the first clinical course.

Please read through Health Professions Intake and Clearing Procedures:

<https://www.parkland.edu/Portals/3/Health%20Professions/Documents/Student%20Health%20Immune%20nization.pdf?ver=2020-02-28-162929-537×tamp=1582929224580>

Random and Reasonable Suspicion Testing

While enrolled in a Health Profession Program that requires a drug screen, if there is objective evidence exists to support the conclusion that a student may be impaired, random drug screening for reasonable suspicion may be necessary. Information regarding this policy can be found here:

<https://www.parkland.edu/Portals/3/Health%20Professions/Documents/Student%20Health%20Immune%20nization.pdf?ver=2020-02-28-162929-537×tamp=1582929224580>

Title IX

Title IX - Sexual Harassment, Violence, and Misconduct

Parkland College is committed to assuring a safe and productive educational environment for all students. To meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office of Civil Rights, the college requires faculty members to report incidents of sexual violence shared by students to the college's Title IX coordinator, Vice President of Student Services, Michael Trame. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a college-approved research project. Faculty members are obligated to report sexual violence or any other abuse of a minor (any person under 18 years of age) to the Illinois Department of Children and Family Services (DCFS). Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is available at <https://parkland.edu/Main/About-Parkland/Safe-Campus-Procedures/Title-IX-Harassment-Discrimination>

Title IX – Pregnancy

Title IX of the Education Amendments of 1972 provides pregnant students with certain rights regarding their education. For information, contact Dr. Marietta Turner, Dean of Students at 217-351-2505 or via email at mturner@parkland.edu.

It is recommended if a student is in a program with occupational hazards or risks, the student reports a pregnancy to the program director so that the student can be educated about any occupational risks during clinical, labs or practicums. Confidentiality will be maintained, but the safety of the student/fetus is most important.

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Pregnant Students and Radiologic Procedures: During the course of clinical rotation, students may come in contact with procedures that require radiation. Other types of exposure such as cement fumes during total joint procedures and mask anesthesia may also interfere with pregnancy. It is critical that any students who are trying to become pregnant or who are currently pregnant tell their program director and clinical preceptor immediately. The first three months of pregnancy is the most important time to protect you and your fetus. Other staff at the clinical facility may need to be informed to protect you from exposure in the operating room, the emergency room, or special procedure areas where respiratory therapists provide care.

Student will be asked to meet with the Radiation Safety Officer, Tammy Cox, for safety education while at clinical. Tammy can be reached by email at tcox@parkland.edu.

Respiratory Care students will provide care to patients who are in isolation for some communicable pathogens. Students will be expected to follow the guidelines to protect themselves, the patient, and others. Students will be fit tested for high efficiency masks to be used in clinical.

Communicable Diseases and Communicable Disease Policy

Parkland Policy 3.05

The Illinois Department of Public Health (IDPH) has specified disease which are contagious, infectious, communicable, and dangerous to the public health in Section 690.100 of the Rules and

Regulations for the Control of Communicable Diseases. The purpose of this policy is to insure College compliance with those and other existing state and federal rules, regulations, and laws.

Parkland College places a high priority on protecting the health and safety of its campus community and aims to reduce communicable disease exposure risk without unlawfully discriminating in enrollment or employment practices. To that end, Parkland College will adhere to the following guidelines:

1. Parkland College will be in full compliance with the Americans with Disabilities Act (ADA) as it relates to those students and employees who have communicable diseases. Any college decisions made resulting from a student or employee's health-related circumstances will be made with input from the office of Disability services and will depend on each unique instance, applicable confidentiality considerations, and relevant medical facts.
2. Parkland College will follow guidelines as directed by the Illinois Department of Public Health.
3. Parkland College will consider the welfare of the campus community while respecting the privacy and needs of the individuals involved.
4. Parkland College will make available to all members of the college community educational opportunities about disease transmission and prevention and will encourage preventive measures including, but not limited to, immunizations against meningitis and flu as recommended by the Centers for Disease Control and the American College Health Association.
5. Parkland College will provide appropriate and non-discriminatory services for persons living with infectious disease(s).
6. Parkland College will comply with NCAA regulations to reduce infection risk for those students involved in varsity and intramural contact sports.
7. Parkland College will follow occupational safety and health standards mandated under federal and state law with regard to the transmission of blood-borne pathogens in an effort to prevent transmission of disease in classrooms, laboratories, and workspaces as outlined in the Exposure Control Plan. This compliance will be coordinated by the Wellness Coordinator.
8. Parkland College will, when necessary, isolate infected persons and/or quarantine their contacts in accordance with the Illinois Department of Public Health guidelines and within the parameters of the College Emergency Plan as managed by the Crisis Management Team.
9. The Vice President for Student Services will administer this policy subject to applicable personnel policies and collective bargaining agreements. Any actions undertaken pursuant to this policy will be in accordance with applicable federal and state laws. Parkland College policies and the best interest of all parties involved. The Vice President for Student Services will also act as a spokesperson for the campus regarding all communicable disease policy-related decisions and/or changes.

Any possibility of harboring contagious diseases must be reported to the clinical instructor prior to attending clinical. Students who pose health risks to personnel or patients or to themselves will not attend clinical. Examples: chickenpox, pink eye, fever, uncontrolled cough, open lesions on the skin.

If a student has a sore throat with fever, he/she must contact the instructor prior to coming to the clinical facility. In cases of strep throat, the student must be on an antibiotic for a minimum of 24

hours before returning to the clinical facility. It is advised that the student contact the fieldwork educator if any of he or she notices any of the following:

- Fever >100.4
- Conjunctivitis
- Diarrhea lasting more than 12 hours
- Group A Strep-diagnosed by a physician
- Jaundice
- Vomiting
- Cold Sores (herpes)
- Active measles, pertussis, rubella, or chicken pox
- Upper respiratory infection (cold)
- Tuberculosis (TB)
- Shingles or rash of unknown origin
- Head lice
- Scabies
- Abscess or boil that is draining
- Impetigo
- Mononucleosis

Clinical instructors have the right to initiate communication with a student who exhibits the signs or symptoms of a communicable disease who has not come forward. This will only occur if the individual has the potential to pose an imminent risk to others or are unable to perform required tasks. All HIPAA and FERPA laws will be abided by, and the individual is assured of confidentiality regarding the matter.

Student Health Status and Health Changes While in the Program

A student that has had any change in his/her physical and/or psychological condition (including pregnancy and the postpartum period) that require medical attention and or could have an effect of their physical or emotional endurance, are still required to maintain Essential Qualifications. Some situations will require a release from your health care provider.

If a student develops a health issue that may result in incapacitation in the clinical area or types of conditions that may jeopardize patient safety, the student must notify the clinical instructor as soon as the health issue becomes known to the student. To protect the patient and the student, the student may be removed from clinical. Students will still be required to perform all the functional abilities outlined in the Essential Qualification to attend clinical.

Inclement Weather

The basic philosophy of the College is to keep the campus open if possible during inclement weather. Closing the College is always a difficult decision to make in view of the large geographical area which is served by Parkland. We also know that timing is important during the day AND evening, as students and/or faculty and staff may already be in route to the campus at the time the decision is made. The decision to close does include classes offered by Parkland at area learning centers throughout the District.

The conditions both on campus and in surrounding areas are monitored very closely during inclement winter weather. If it becomes necessary to close the campus during the day and/or evening when classes are in session, an announcement will be made over the public address system, to local radio/tv and on our website by 3:00 p.m. If weather conditions deteriorate overnight, a decision is made by 5:00 a.m. Monday through Saturday.

Radio and television stations are contacted always if the campus is closed due to weather conditions. Parkland College will announce college closings on the Parkland Facebook page and other social media outlets. The media will accept closings only; consequently, if you do not hear Parkland mentioned, then the College is open. The Switchboard on campus and the college's radio station WPCD (88.7 FM) are kept apprised of announcements, as well as Parkland's website. In addition, the following stations are contacted if the College closes:

Radio Station

WDWS/WHMS	Frequency	1400 AM/97.5 FM	Location:	Champaign
WLRW/WIXY		94.5 FM/100.3 FM		Champaign
WBCP		1580 AM		Champaign
WILL		90.9 FM/580 AM		Urbana
WPCD		88.7 FM		Champaign

TV Station WAND WCIA WICD

Safety and the ability to drive or walk in inclement conditions ultimately needs to be determined by the student. If the student has concerns because it is dark outside or the student expects the conditions may improve, the student should follow syllabus directions for calling in late or absent as soon as possible.

Respiratory Program Inclement Weather Guidelines

All students traveling to clinics will adhere to the inclement weather closing decisions in their **home district, or the district that they will be traveling to**. If the student has already arrived at the clinical site, it is up to the student and the clinical site whether it is necessary to leave the clinical site or complete the clinical day. Stay tuned to local radio stations for current information in an inclement weather situation. If the home district and the scheduled districts are open, clinics are open. When Parkland College is closed for weather, clinical is cancelled for all students. When any of the involved college districts are closed, the student is excused from clinical, there is no grade penalty, and no make-up is required.

Public Safety and Escorts

The Parkland College Police Department, also known as Public Safety, is a full-service police agency covering the campus 24 hours a day, including holidays. The officers are trained as EMTs and First Responders to provide emergency medical care. The Police Department offers many services which include escorts, lost and found, and vehicle assists. The college hours are 7 a.m. to 10

p.m. Monday through Friday and 7 a.m. to 4 p.m. on Saturdays. The campus is closed on Sundays and holidays.

Public Safety also offers escort service to the Parkland parking lots. Please use the information below if you would like an officer to walk you to your vehicle.

You can reach this department by:

- Visiting the main Public Safety office at A160
- Calling 217-351-2369
- Dialing 911 from a campus phone
- Using emergency call boxes conveniently located throughout the campus

Classroom or Lab Emergencies

Students will be oriented on the College 911 system. Students are instructed to activate Classroom 911 Icon on computer screen anytime the student senses an emergent situation.

Medical Liability Insurance

Students registered in Parkland clinical courses will be covered by a College issued liability insurance. A course fee will be added to a clinical course. The student is covered while at clinical on scheduled days of clinical. Activities or class sessions that take place outside of the published course schedule, will not be covered by the College liability insurance.

It is recommended that students carry personal medical insurance to cover accidents including on-the-job related incidents in the clinical area. Cooperating agencies provide treatment for emergency services in cases of accidents at the student's own expense.

A student who is injured in the classroom, lab or clinical must immediately report it to the instructor. Emergency medical procedures will be provided on campus as needed.

A student who is injured while at the clinical site must immediately report it to lead preceptor, surgical supervisor or clinical instructor. The student will be asked to present personal medical insurance to the health care facility providing care to the student. The student will be required to complete an Incident Report at the facility and the College.

Medical Leave

A Leave of Absence signifies that the student intends to withdraw from the program and plans to continue within one academic calendar year. With the exception of Title IX leaves, a student who requests a leave for a year from the program must be in good academic standing. If the student is failing any course required for the program, a leave will not be granted. If the student is in good academic standing, the student must meet with the Program Director to develop an Academic Plan for re-admission. Courses may need to be repeated depending on the semester of the leave. Depending on the timing of the leave request, space may not be available in the next cohort. If the student fails to follow the Action Plan for re-admission to the next cohort, the student will not be re-admitted. If the student does not return to the program the following year, the Action Plan for re-

admission will be void and the student will need to follow the process for reapplying to the program for their second and final admission.

Emergency Alert System

Parkland College uses an emergency alert system designed to send out a message in the case of an on-campus emergency. This system will be triggered in the case of a natural disaster or public safety emergency. When you register for classes or being employment, you are automatically signed up for this service. Be sure that your contact information is up to date with the College.

Students are encouraged to add Public Safety phone number into their personal cell phones. Students should leave the building immediately upon notice of evacuation. Students should not return to campus until notified as all clear.

Smoke Free Campus

In compliance with the Smoke-Free Campus Act (110 ILCS 64/), all tobacco use will be prohibited on the Parkland College campus effective July 1, 2015. For the purpose of this policy, "campus" means all property owned and leased by, or leased to the College, including buildings, grounds, roads, parking lots, and vehicles.

All clinical sites (hospitals) are also smoke free campuses. Please make adjustments prior to the first day of clinical to reduce the need for smoking. Parkland offers smoking cessation programs through the Wellness Coordinator.

VI. Clinical Instruction

Statement on Student Employment

Students are assigned to a clinical practicum for the express purpose of learning through active application of knowledge gained in the classroom. Students are not to be used to substitute for paid staff members. Students are encouraged to report any incidence of a shift in which the student absorbs a staff assignment due to a staffing shortage to the Director of Clinical Education or the Program Director.

Students who are employed by their assigned clinical site may not be paid to work for the facility during scheduled clinical time. Students may not substitute worked hours for required clinical hours. This is a CoARC accreditation standard.

Clinical Grading and Evaluation

Evaluation of students will be conducted on a recurrent basis with sufficiency to provide the students and faculty with valid and timely indications of the students' progress toward clinical competencies.

Evaluation tools permit the student and the instructor to assess, monitor and track the student's progress. Formative and summative evaluations will be completed in all courses. Formal evaluation of student performance will include cognitive, psychomotor and affective behavior but deficits in

any one area could be determined to be deficient and the student would not progress to the next clinical course.

Frequency of evaluation may increase when the student is not meeting the objectives of the course. Evaluation of the student will be shared with the student and filed permanently for five years in the student file. Evaluations at clinical may include, but are not limited to: preceptor daily evaluations, faculty evaluations, clinical skills competency completion.

Student clinical performance will be evaluated throughout the semester-by clinical preceptors and during clinical visits from Parkland instructors. Clinical evaluation of the student focuses on the three main program pillars: *knowledge, skill and behaviors*. Each pillar has specific evaluation points. As a student learner it is very important to be fully aware that your clinical performance will be evaluated on an ongoing basis. Students must be ready to demonstrate what they know and what they can do at all times.

Students can expect to receive feedback from preceptors on their clinical performance. Clinical evaluations and feedback are important in student’s growth and development as a health care professional. Student learners will want to be open to critique and direction of their preceptors and instructors. Clinical evaluations are available for student review in Trajecsys and should be reviewed on at least a weekly basis. It is expected that students will reflect upon each evaluation as an opportunity for personal and professional growth. Deficient areas are worthy of careful self-assessment and continued practice. Students not meeting expectations will receive an action plan and remediation as needed.

Clinical Evaluation Tool

Summative Ratings

Scoring Rubric

0= N/A Not applicable: The student did not have an opportunity to perform this duty.

1 = Unsatisfactory: Seldom performs correctly without constant instruction/re-instruction. Remediation plan is required.

2 = Beginning: Performance does not consistently meet expectations in one or more essential areas of responsibility.

3 = Developing: Performs correctly and meets standards expected; requires moderate instruction/re-instruction.

4 = Achieving: Performs correctly and exceeds standards expected; only occasionally requires instruction/re-instruction.

5 = Mastery: Performs correctly and greatly exceeds standards expected; almost never requires instruction/re-instruction.

	Not Applicable	Unsatisfactory	Beginning	Developing	Achieving	Mastery
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I. KNOWLEDGE

Demonstrates the following knowledge characteristics:

Therapies:

Demonstrates a knowledge and understanding of various therapies performed throughout the clinical rotation including;

- Identification of indications, contraindications, and hazards for therapies.
- Knowledge of delivered medications.
- Technical knowledge of therapies performed including how it works and how it is used.
- Assessment of the patient's technical ability to perform the therapy, making corrections as needed.
- Assessment of the patient's response to therapy before and after the procedure.

0 1 2 3 4 5

Patient Conditions:

Demonstrates knowledge and understanding of various patient conditions; chronic, acute, adult, pediatric, and infant populations including;

- Knowledge of respiratory disease processes as well as other major disease processes and patient conditions that may affect the cardiopulmonary system.
- Knowledge of acute vs chronic disease processes including acute, chronic and acute superimposed on chronic disease.
- Appropriate identification of patient normal values in reference to the patient current condition.
- Discussion of patient conditions and disease states in relationship to patient's age; adult, pediatric, infant.

0 1 2 3 4 5

II. SKILLS

Demonstrates the following clinical characteristics:

Quality of Clinical Skills:

Demonstrates thoroughness, accuracy, safety, and attention to details including;

- Thoroughness with all patient encounters, therapies, and treatments, including full assessment of vitals (HR, RR, SpO2) and breath sounds (anterior and posterior) before and after all therapies.
- Accurate delivery of all therapies according to department policy or protocol while observing best practice guidelines.
- Delivery of therapies with high observance of patient response, ensuring patient safety throughout the therapy. Demonstrates ability to recognize therapies' end point due to patient safety.
- Engagement, direction of therapy, attention to details, assessment of patient therapy technique, observant of room and patient dynamics, anticipates patient (and family) needs as well as the needs of other members of the interdisciplinary team involved in the delivered care.

0 1 2 3 4 5

Quantity of Clinical Skills:

Demonstrates completion of assigned duties and responsibilities in appropriate time period including;

- Completion of therapy without shortcuts or omissions that have potential to compromise patient safety.
- Completion of tasks in a time period appropriate for the complexity of the task.
- Progressive development of efficiency, based on patient complexity and student level.

0 1 2 3 4 5

Clinical Organization:

Demonstrates the appropriate scheduling of clinical priorities including;

- Organization of activities to achieve optimum patient care.
- Organization of clinical assignment with focus on prioritization of care.
- Reorganize planned schedule when unexpected situations arise such as meals, care from other disciplines, patients out of room for testing, codes, calls to the emergency department and more.

0 1 2 3 4 5

Critical Thinking:

Demonstrates gathering of appropriate clinical information, analyzes data and implements decisions in a safe, effective, and efficient manner including;

- Complete patient hands on assessment noting pertinent findings.
- Complete chart review for all assigned patients to collect pertinent information and testing results from the patient medical record. Information includes review of the patient's current admitting problem, patient history, radiology, labs, cardiac testing, and other testing.
- Analysis and evaluation of patient information using academic knowledge to determine best plan of care and the most appropriate care decisions for positive patient outcomes.
- Troubleshooting of equipment and patient issues, correcting them quickly while ensuring patient safety.
- Observation and application of all clinical policies and protocols.

0 1 2 3 4 5

Record Keeping:

Demonstrates accurate, neat, and concise records in full accord with hospital and department policies applicable to both electronic and paper recordkeeping procedures including;

- Appropriate documentation of all patient therapies and interventions in the patients' medical record (legal document) accordance to hospital policy.
- Clinical summary notes of patient care, condition, and plan of care.
- Documentation of medicines in the Medication Administration Record (MAR).
- Charges based on care provided to the patient.

0 1 2 3 4 5

III. BEHAVIOR:

Demonstrates the following professional characteristics:

Personal Attributes:

Demonstrates the following professional characteristics including;

- Courteous, friendly, tactful mannerism, accountable for own actions; exhibits professional demeanor in language, personal information sharing, punctuality, and appearance; fosters positive response in others.
- Good rapport with patients and members of the interdisciplinary team, fostering positive responses in others.
- Introduction of self to other members of the interdisciplinary team when caring for the patient.
- Professional behavior in language and avoidance of personal information sharing.
- Observance of all protected patient health information (HIPAA).
- Acceptance of direction, suggestion, and remediation with demonstration of correction of knowledge, skill or behavior as indicated. Creates a plan for correction.
- Punctuality in arrival for shift, quickly gets settled, prepares to take patient report. Student will give hand off of care for all patients assigned to the student.
- Professional appearance in accordance with program and clinical policy.
- Required clinical equipment including, watch with a second hand, stethoscope, medical scissors, small notebook, ink pen and Oakes Pocket Guide.
- Minimal use of personal electronic devices, limiting use to the RT department for personal documentation in the time record and breaktimes.
- Promotes an atmosphere of inclusion that is supportive of others and looks for the best in each person.

0 1 2 3 4 5

Initiative / Motivations:

Demonstrates completion of assigned duties without prompting, effectively uses down time for additional learning opportunities including;

- Strong initiative and motivation by using every clinical moment as a learning experience to promote professional growth and understanding.
- Awareness of what is due and when it needs done, does not need preceptor prompt because student is always ready to go.
- Effectively use of time to perform chart review of assigned patients.
- Cleaning and set up of equipment and stocking.
- Review of departmental policies and protocols.

0 1 2 3 4 5

Communication:

Demonstrates appropriate and effective communication with patients, preceptors, RT staff, nurses, physicians, and other members of the interdisciplinary team including;

- Identification of self, student status and department during all communication with others.

0 1 2 3 4 5

- Professional communication with all groups including active listening, verbal, and written formats.
- Appropriate patient interview question to help better understand the patients' conditions and needs.
- Provides patient and family education as needed.
- Reports and discusses changes in patient condition, critical and non-critical testing results, equipment settings and plans of care with preceptor, nurse, and physician.
- Actively participates and collaborates with the interdisciplinary team.

Bloodborne Pathogen and Infectious Disease Exposure or Other Occupational Hazards-

Respiratory therapists and students may be exposed to infectious disease pathogens and patient blood or other bodily fluids when providing care. The use of personal protective equipment and implementation of transmission-based precautions is taught prior to attending clinical and practiced throughout the program. If/when exposures occur, it must be reported, as it is critical that the student is evaluated and treated if necessary.

Clinical Incident Reporting: Needle Sticks and Exposure

Any incident that happens during a student's clinical rotation must be reported immediately to 1) the student's preceptor, 2) the respiratory therapy department manager, if not available the student should report to the shift supervisor or individual acting in charge of the department. The student **must** also contact the Parkland College Clinical Director via phone by the end of the shift in which the incident occurred. If the student is unable to reach the clinical director a voice message must be left.

Incidents include any blood or bodily fluid exposures, needle sticks or injuries that occurred during the clinical shift. Students should immediately disclose any injury or exposure to their preceptor and seek treatment as needed following the clinical sites procedure for injury/exposure treatment. Students are expected to always follow universal precautions during their clinical rotations. Any injury incurred during clinical practicums will be the student's financial responsibility; therefore, in compliance with federal laws, personal health insurance is highly recommended. Neither the college nor the medical facility will be held financially responsible for any injuries incurred on their premises during clinical practicums.

Other Possible Respiratory Care Related Incidents:

Incidents also include clinical errors such as delivery of wrong treatment, treatment to the wrong patient, and medication errors. The student is required to disclose the incident whether or not the patient was harmed. Students must also report any conflicts with patients, patient families, or any member of the medical team to the preceptor. Unresolved conflicts with clinical preceptors or clinical staff are to be reported to the Clinical Director. Any student who is banned from a clinical site for any reason will be dropped from the program.

Students are required to follow all clinical site policies and procedures for facility incident reporting. Students should fill out an official written incident report describing the incident and submit the report as instructed by the clinical site. All incident reports must be completed on the day of the incident. Parkland College will also require the student to submit a written incident report if the student has had an injury or exposure. Incident reporting forms for Parkland College can be found at: <https://my.parkland.edu/forms/Documents/Exposure%20Incident%20Report.pdf>

All incident reports detailing the student's injury/exposure will need to be submitted to the Wellness Coordinator in U112 within 24 hours of the incident. In addition to incident reporting students will be required to write an official statement describing the incident details. This will be required for all incidents that happen in the clinical setting. After completion of required documentation, the student will submit a copy of the incident report and the incident write up to the Parkland College Respiratory Care Clinical Director. All documents will be kept in the student file.

Students that fail to report a clinical incident will be held accountable for their actions. Failure to disclose an incident will result in a zero for the clinical day and a 5% reduction in the student's final grade. Students that do not follow policies for incident reporting may be subject to a probationary period where a clinical contract will be issued that outlines expected clinical behaviors. Students that fail to meet the guidelines of the clinical contract may be subject to dismissal from the program.

Clinical and Classroom Accidents/Injury/Incident Reporting- Needle Stick and Exposures

For all student injuries on campus, Public Safety should be called to assess and report the situation.

For students at clinical at any Carle property, when the student has had an exposure or sharp injury, the procedure is:

If between 8 a.m. and 5 p.m., Monday-Friday, call the Carle Occupational Medicine Department (217) 383-3077, 810 W. Anthony Dr., Urbana. The student should identify themselves as a Parkland health career student and explain there's been an occupational exposure to blood/body fluids during clinical and they wish to be evaluated. Department personnel will direct the student how to proceed.

At other times, the student should fill out an Employee Injury Form and then go to the Carle Emergency Department (E.D.), 611 W. Park Street, Urbana. Upon check-in, the student will need identify themselves as a Parkland health career student and explain there's been an occupational exposure to blood/body fluids during clinical and they wish to be evaluated. The student should be prepared to show them an insurance card if the student is insured.

The Emergency Room nurse will review immunization status and the exposure and determine if the source needs to be drawn. The ER nurse will also follow with exposure education for the student. The student needs to follow up with the Infection Control Nurse.

If possible, the source patient should have an order to have a lab draw.

For Students At All Other Clinical Sites:

The hospital affiliate's policy for student or employee injury should be immediately followed. Relevant clinical affiliate reports and the Parkland College Incident Report must be completed by the faculty and student.

Responsibility of Charges Incurred

If the cost of immediate post-exposure care for the student and source is not covered by the facility where the incident occurred or by the student's insurance, Parkland College will cover these costs. A bill should be sent to:

Parkland College
Wellness Coordinator, Parkland College Student Life
2400 W. Bradley Ave. U116
Champaign, IL 61821.

Any medical follow-up beyond that given at the time of the exposure is the responsibility of the student. The student should consult with their primary care physician or Parkland's Wellness Coordinator as soon as possible after the exposure incident to discuss recommended follow-up care.

While we prepare the student for an entry-level position as a Respiratory Therapist, the risk of contracting a disease or illness is understood to be a hazard of the profession, but the safety of the student in the learning environment is a priority for the faculty and instructors. If the student is alerted prior to the start of a patient intervention that the patient does have any airborne or blood borne pathogen, or considered a high-risk patient, the student may be excused and not be allowed to participate with patient care.

Clinical Transportation and Parking

Students are expected to provide their own transportation to and from all clinical sites. Students are to follow parking regulations of the clinical site and park only in those areas designated for students.

Clinical Progression and Failure

Students are expected to retain knowledge from previous semesters, skills, practical exams. The clinical evaluation is based on the application of previously learned knowledge and skills as well as the comprehension and application of new skills and information each semester. The proficiency of the clinical skills should increase each week and each semester to progress to the next clinical course or graduate. Failure to consistently progress in knowledge and clinical skill performance will result in failure of the clinical course and withdrawal from the program.

Clinical Competency Progression Students are expected to retain knowledge and remain consistently proficient at previously demonstrated clinical skills from previous semesters in order to progress in the program.

- Students must perform at a "meets expectations" or better level on clinical evaluations.
- First year competencies must be successfully complete by the end of the summer session.
- Second year competencies must be successfully complete by the end of the spring session.

- If competencies are not met, a remediation plan will be formulated by Parkland Clinical Director and facility education coordinator. Grade for that semester will be “I”
- If remediation is unsuccessful, student will not pass clinical practicum and will not continue in the Respiratory Therapy program.

Clinical Dismissal

Depending on the severity, any one break in non-compliance can result in dismissal from the program. Dismissal by the clinical facility includes but is not limited to severe breeches of patient safety, patient rights, staff rights or safety, breeches of confidentiality, or other breeches of rules, ethics or standards.

By contract, the clinical facilities have the right and the authority to determine who is present on their campus. If the clinical facility removes the student from the clinical facility, Parkland College must comply and there is no appeal process. ***Students dismissed from a clinical facility will thereby be dismissed from the respiratory therapy program and receive an “F” for the clinical practicum. Students dismissed from one facility for behavior will not be placed in any other clinical facility.***

If the student is barred from a clinical facility, the Health Professions Dean will weigh the patient’s rights, the facility rights, the student’s rights and the infraction to determine if the student can be transferred to another clinical site or if the infraction supports immediate suspension or dismissal from clinical. Standards and ethics that include safe and ethical care are incorporated throughout every program in Health Professions. Positive placement or transfer to another facility will not be considered if patient safety, ethical care or confidentiality has been breached.

A student who commits an infraction serious enough to warrant clinical dismissal, and due to the nature of the offense, cannot be transferred to another clinical facility, will be notified of intent to dismiss from the program.

Safe and ethical care and behavior is required in the classroom, lab and clinical as well as outside the classroom. The student protects the patient/family at all times, not just when “on duty”.

Please refer to the Health Professions Essential Qualifications, Code of Conduct, and Intent to Suspend or Dismiss Policy that is posted in every Health Professions Cobra course.

Patient Assignments at Clinical

Healthcare providers serve the public and the patient has the right to expect quality care regardless of based on the students’ beliefs related to race, color, gender, sexual orientation, religion, creed, national origin, age, marital status, disability, veteran status, disease process, socio-economic status, or any other applicable basis in law. Clinical experiences are planned by the Health Professions faculty/administrators to best meet student learning needs. Students may not refuse patient care assignments.

All patients are to be treated with equal care and compassion. Patient confidentiality is to be respected at all times. Students will follow all HIPAA policies.

Specialty Rotations

Several specialty rotations that enhance student learning will be scheduled throughout the program. Specialty rotations will be scheduled by the clinical director and may occur outside regular clinic hours and may be scheduled at clinical sites other than the site the student is assigned for regular clinical. Specialty rotations are scheduled to best meet the needs of the hosting clinical site. Student rotations may be adjusted, added or discontinued if hospital, clinic or out-patients' sites requirements change. Specialty rotations will follow program clinical travel policies. A list of specialty rotations can be found below.

Sleep Lab, Pulmonary Rehabilitation, Discharge Planning, Home Care, Adult Pulmonology Physician Rounds, Pulmonary Diagnostics, Cardiac Diagnostics, Pediatric Pulmonology Physician Rounds, and Neonatal, Pediatric Intensive Care

If a student needs to miss an outside rotation, they should contact the listed contact person for that rotation before the scheduled start time to report your intended absence. The student will also be required to notify the clinical director by email at the time they notify the site. The student will document the clinical absence in *Trajecsys* by completing a time exception. The clinical rotation miss may or may not be made up at a different time depending on circumstances and availability. All clinical changes will be arranged by the clinical director.

Student Work Policy at Clinical

All student activities associated with the Respiratory Care Program while completing clinical rotations will be educational and training focused. Students will not receive monetary remuneration in any form during this educational/training experience. Additionally, the student will not be substituted for hired staff within the partnering hospital setting while enrolled in the Respiratory Care program. Students in the Respiratory Care program will be supervised by a credentialed and licensed Respiratory Care Practitioner whenever providing direct patient care.

Mandated Reporting

Health care professionals are required by state and federal law to report suspicions of abuse and/or neglect of children, the elderly, and the disabled to law enforcement agencies. If a respiratory care student is suspicious of the injuries or the treatment that an assigned patient has received, the student will report to the assigned hospital preceptor.

Clinical Course Policies

Attendance

Treat this clinical experience as you would a regularly scheduled job. Clinical attendance is mandatory. If you will be absent, please call the clinical site per their instructions that can be found in the Clinical Contacts and Directions of this handbook or listed in COBRA for each clinical class. Students are expected to notify the clinical site at least two (2) hours prior to the designated clinical start time if not attending. The student is also required to notify the clinical director by email at the same time the clinical site is notified.

Impact of Attendance on Grading

Attendance at clinical is mandatory. You are allowed 2 sick days in RTT 133 and 136 and 3 sick days for RTT 212 and 214 with a 4% grade penalty applied to each missed day. Missed clinical days will not be allowed to be made up. If a student is absent from clinical more than the stated limit for each clinical course, the Clinical Director, in collaboration with the clinical site liaison, will determine if adequate clinical progress has been achieved and will develop a plan for remediation if needed.

Absence due to severe illness or other significant life event may be excused, if supported by appropriate documentation. If a student misses a large block of clinical time due to severe illness or injury, the Clinical Director, the site coordinator, and the student will establish a plan for the student to have adequate clinical time to develop the required clinical competencies.

The Clinical Director and the clinical site coordinator will determine alterations to the student's schedule to ensure adequate clinical experience. Students and clinical preceptors may not independently alter clinical schedules. Appropriate clinical competencies must be demonstrated prior to the end of the semester.

For all RTT clinical practicums, a **No Call, No Show** or leaving clinical without permission from the Clinical Director of Education will result in **5%** reduction in grade regardless of previous attendance history. The second and any subsequent absences without proper notification will result in the student being prohibited from attending clinical until meeting with the Clinical Director. A Behavior Contract will be developed for the student. Any additional absences without proper notice will result in the student being banned from clinical, and a grade of F will be assigned. If the student is delayed arriving to clinical due to an irregular occurrence (i.e. flat tire, accident, stopped due to accident) the student must call the clinical site and the clinical director to report the delay. Considering the situation, the clinical director will advise the student on how to continue for the clinical day. The frequency of occurrences will be monitored.

Other Grade Penalty Occurrences

Tardiness: Tardiness of more than 10 minutes will be counted as a clinical miss and the student will be sent home. You are allowed one occurrence, at the discretion of the clinical preceptor.

Occurrence #1- It is at the discretion of the clinical site to allow the student to stay.
Occurrence #2 and beyond- send home for the day and count as a clinical miss.

Dress Code: Failure to be in approved clinical uniform (clean, pressed, free of odors, name tag, stethoscope, etc.) will result in the following:

Occurrence #1 – sent home to change and re-report within a reasonable time frame.
Occurrence #2 and beyond – send home for the day and count as clinical miss.

Sleeping or napping: If a student is found to be sleeping or *requires frequent reminders to remain awake*, then the instructor may request that the student leave the clinical rotation for that session to

obtain proper rest for academic and clinical performance. The student will be marked as absent, resulting in a 2% grade reduction for that clinical day

Clinical attendance will be monitored by the clinical director. Any clinical attendance issues will be handled on a case-by-case basis and may result in grade reductions, prevention of clinical attendance until meeting with the clinical director or issuance of a clinical behavioral contract.

All students must maintain at least a “C” in all clinical rotations to remain in the program.

Parkland Respiratory Care Program Clinical Competency List

Throughout the program students will be completing validation of patient care skills. As a requirement of the program all students must have satisfactory performance of all clinical competencies to graduate. Competencies are broken down into peer, lab and clinical competencies; students will be required to check off on each skill in the lab before attempting to check off in the clinical setting. All level 1 competencies will be due by the end of the summer semester and all level 2 competencies are due at the end of the spring semester. Once a skill is checked off the student says that they are ready to perform that skill at any time.

Level 1 Competencies
Airway Clearance
Artificial Airway Sterile Suction
Body Mechanics, Patient Positioning
Cough Assist
Chest Percussion Therapy (CPT)
High Frequency Chest Wall Oscillation (HFCWO)
IPV, MetaNeb Non-invasive
Vibratory PEP
Bedside Pulmonary Function Assessment
Maximal Inspiratory Pressure
Peak Flow
Volume Measurements
Blood Gas Sampling
Radial Artery Stick
Expansion Therapies
Continuous Positive Airway Pressure (CPAP)
EzPAP™
Incentive Spirometry
Intermittent Positive Pressure Breathing (IPPB)
Oxygen Therapies
Bland Aerosol
Heated High Flow
Oxygen Initiation
Oxygen Management
Oxygen Distribution Equipment
Patient Assessment
Breath Sounds
General Appearance, Vital Signs
Pulse Oximetry
Respiratory Medication Administration-Non-Invasive
Aeroneb™ Vibrating Mesh Non-Invasive

Dry Powder Inhaler (DPI)
Meter Dose Inhaler (MDI)
Nebulizers Small Volume Nebulizer
Cardio-Pulmonary Resuscitation
Basic Life Support
Level 2 Competencies
Airway Management
Artificial Airway Care
Chest Radiograph Interpretation
Closed Suction
Cuff Pressure Measurements
Extubation
Nasotracheal Suction
Oral Care
Pharyngeal Airway Insertion
Tracheostomy Care
Intrapulmonary Percussive Ventilation (IPV, MetaNeb) Invasive**
Blood Gas Sampling
Arterial Line Draw
Critical Care Procedures
Bronchoscopy Assist
Intubation Assist
Ventilator Transport
Monitoring
Capnography
Hemodynamic Monitoring
Transcutaneous Monitoring
Respiratory Medication Administration-Invasive
Aeroneb TM Vibrating Mesh-Invasive
MDI Administration-Invasive
Mechanical Ventilation
Mechanical Ventilator Management
Mechanical Ventilator Initiation
Non-Invasive Ventilator Initiation
Non-Invasive Ventilation Management

Clinical Downtime

When your assigned patients care is completed and you find yourself with extra time, spend it on productive activities. Some really good ideas are:

1. Review patient chart for diagnosis, current medications, testing results.
2. Review departmental policies, procedures and protocols.
3. Practice set up and application of equipment to prepare for check offs.
4. Observe critical care or emergency procedures with staff.
5. Clean dirty equipment and ready for next use.
6. Stock respiratory care equipment throughout hospital.
7. Go on a scavenger hunt to ensure you could find equipment and supplies needed in other areas of the hospital.

Guidelines for Success in Clinical

Knowledge:

Students must show what they know. This is accomplished through demonstration and explanation.. If the student assumes the lead by being the first to approach the patient, completing the therapy and presenting information, it will be apparent that they are knowledgeable about the patient's therapies and condition.

Knowledge Objectives:

Therapies

- Identifies indications, contraindications and hazards for therapies (oxygen, hyperinflation, bronchial hygiene, ventilation, etc.).
- Demonstrates knowledge of delivered medications.
- Demonstrates technical knowledge of therapies performed including how it works and how it is used. (Example: oxygen therapies; set up, flow, FIO₂, ABG with Allen's test, etc.).
- Demonstrates the assessment of the patient's technical ability to perform the therapy, making corrections as needed.
- Demonstrates the assessment of the patient's response to therapy. This assessment is expected before and after **ALL** therapy including heart rate (palpated), respiratory frequency, SpO₂ and requested cough.

Patient Conditions

- Demonstrates knowledge and understanding of various acute and chronic patient conditions seen in adult, pediatric and infant populations.
- Demonstrates knowledge of respiratory disease processes as well as other major disease processes and patient conditions that may affect the cardiopulmonary system (CHF, renal failure, stroke etc.).
- Demonstrates knowledge of acute vs chronic disease processes including acute, chronic and acute superimposed on chronic disease.
- Demonstrates appropriate identification of patient normal values in reference to the patient current condition.
- Discusses patient conditions and disease states in relationship to patient's age; adult, pediatric, infant. (Example: an infant's HR, BP and respiratory frequency has different normal ranges than that of a pediatric patient or an adult patient populations).

Skills:

Students will be evaluated on their clinical skills, sometimes referred to as "tasks". These tasks are usually carried out during direct patient care. During clinical students will be assigned a small group of patients to provide direct care for. The student will be responsible for communicating and coordinating completion of assigned therapies with the designated clinical preceptor. This will require the student to appropriately schedule clinical priorities and to complete care in a timely manner.

Students will also be evaluated on their ability to deliver thorough care in a safe, accurate and timely manner, paying close attention to details. Optimal patient care is guided by critical thinking; students want to demonstrate the ability to gather pertinent clinical data through hands on patient assessment and review of the patient's clinical record to make and implement patient care decisions in a safe, effective and efficient manner. Patient care is guided by best practice as well as hospital policies, procedures and protocols. Students will need to spend adequate time reviewing the departmental tools that guide clinical practice in that specific facility. Students will be evaluated on the ability to deliver care within the guidelines of the facility in which they are working. Students are expected to maintain accurate, neat and concise digital or paper patient records following hospital policy for documentation.

Skill Objectives:

- **Quality of clinical skills:** Demonstrates thoroughness, accuracy, safety and attention to detail during all patient care.
 - **Thoroughness:** Demonstrates thoroughness with all patient encounters, therapies, and treatments. Including full assessment of vitals (HR, RR, SpO₂) and breath sounds (anterior and posterior) before and after **ALL** therapies.
 - **Accuracy:** Demonstrates the accurate delivery of all therapies according to department policy or protocol while observing best practice guidelines.
 - **Safety:** Demonstrates delivery of all therapies with high observance of patient response, ensuring patient safety throughout the therapy duration. Demonstrates ability to recognize therapies end point due to patient safety (Example: when heart rate increases >20% of pretreatment heart rate when giving a bronchodilator or demonstration and assessment of the Allen's Test prior a radial arterial blood gas procedure). Demonstrates strict infection control practices and observes all isolation parameters per facility policy. Ensure patient is safely returned to appropriate oxygen support once therapy has been completed. Position patient bed after therapies or interventions at the lowest possible position to prevent falls.
 - **Attention to Detail:** Demonstrates engagement with patient, directs patient for best delivery of therapy (example: position head of bed in high fowlers for optimal therapy). Demonstrates close attention to details and awareness of changes in patient condition (Example: Taking the patient off their oxygen for a treatment and then forgetting to put them back on oxygen or drawing an ABG and not paying attention to what flow or FIO₂ the patient is on when the blood was drawn).
Observant of room and patient dynamics at all times, continually assess the patient as they are performing the therapy. Look for issues and problems that may arise. Reads and anticipates patient (and family) needs as well as the needs of other members of the interdisciplinary team involved in delivered care.
- **Quantity of Clinical Skill:** Completes assigned duties and responsibilities in an appropriate time period.
 - Introduction of self, including student first name, student status, department, and RT preceptor name that the student is with for the day delivered in a clear voice that is audible for the patient.
 - Patient identification with 2 patient indicators. Verbal patient identification is required unless the patient is non-verbal.

- Asks pertinent patient interview questions based on patient current situation, history and current assessment findings.
 - Prepares equipment and administers therapies.
 - Patient assessment before and after therapies
 - Instructs, coaches and corrects patient performance as indicated.
 - Provides education for patients as indicated.
 - Wraps up care at the end of the encounter by telling the patient when they can expect you back (example: I will be back in about 4 hours to give you another nebulizer treatment). Also provide any directions on who they should contact if they have breathing difficulty. Also ask, May I get you anything before I leave?
- **Clinical Organization:** Demonstrates appropriate scheduling of clinical priorities to achieve optimum and efficient patient care, can reorganize planned schedule when unexpected situations arise.
 - Demonstrates organization of clinical assignment with focus on prioritization of care. Students are expected to obtain a copy of the patient assignment and then take report on all patients and areas assigned to the preceptor. The student and preceptor will then work together to determine which patients will be assigned to the student. The student will then demonstrate organization and prioritization of assigned patients care using the Parkland provided assignment sheet. Students are expected to develop a system of documentation to know when therapies are due, when they are done, pertinent patient findings (heart rate, respiratory frequency, SpO2 and oxygen device, breath sounds) and if the therapy has been charted. This information will allow for pertinent information to be passed on in patient report.
 - Demonstrates the ability to reorganize planned schedule when unexpected situations arise such as meals, care from other disciplines, patients out of room for testing, codes, calls to the emergency department and more.
 - **Critical Thinking:** Demonstrates the ability to gather appropriate clinical information, analyze data and implement decisions in a safe, effective and efficient manner following clinical policies and protocols.
 - Demonstrates complete patient hands on assessment noting pertinent findings.
 - Demonstrates a complete chart review for all assigned patients to collect pertinent information and testing results from the patient medical record. Information includes review of the patient's current admitting problem, patient history, radiology, labs, cardiac testing and other testing.
 - Analyzes and evaluates patient information using academic knowledge to determine best plan of care and the most appropriate care decisions for positive patient outcomes.
 - Demonstrates appropriate troubleshooting of equipment and patient issues, correcting them quickly while ensuring patient safety.
 - Demonstrates observation and application of all clinical policies and protocols.
 - **Record Keeping:** Demonstrates the ability to maintain accurate, neat and concise electronic or paper patient care records in full accord with hospital and departmental policies and procedures.
 - Demonstrates appropriate documentation of all patient therapies and interventions in the patients' medical record (legal document) accordance to hospital policy including:

- Notes-summary of patient care, condition and plan of care.
- Medication Administration Record (MAR) documentation of given medications in the medical reconciliation record.
- Charges account for the number or hours of therapies provided for the patient, examples: oxygen or ventilator hours, number of therapies, transports.

Behaviors

Demonstration of exceptional professional behaviors is what can set one student apart from the rest. Health care is regarded as a highly professional setting and the way a student presents them self will be under ongoing evaluation. Personal attributes, level of initiative and motivation as well as the ability to communicate with patients, families, preceptors, instructors and members of the interdisciplinary health care team is a very large part of the respiratory care profession. Students have the opportunity to show their best self-daily when in clinical and are highly encouraged to actively work on becoming the respiratory care professional that our patients and profession deserve.

Behavior Objectives

Personal Attributes

Courteous, friendly, tactful; accountable for own actions; exhibits professional demeanor in language, personal information sharing, punctuality and appearance; fosters positive response in others.

- Demonstrates a courteous, friendly attitude, establishes a good rapport with patients and members of the interdisciplinary team. Fosters positive responses in others.
- Demonstrates Introduction of self to other members of the interdisciplinary team when caring for the patient.
- Demonstrates professional behavior in language and avoidance of personal information sharing.
- Demonstrates observance of all protected patient health information (HIPAA).
- Demonstrates the acceptance of direction, suggestion and remediation with demonstration of correction of knowledge, skill or behavior as indicated. Creates a plan for correction.
- Demonstrates punctuality in arrival for shift, quickly gets settled and prepares to take patient report. Student will give hand off of care for all patients assigned to the student. Leaving without giving report is considered patient abandonment.
- Demonstrates professional appearance in accordance to program and clinical policy; High priority of cleanliness, avoidance of body odors and perfumes, all long hair up and out of face, neatly groomed facial hair, 1 stud in each ear only, spacers in all other visible piercing, tattoos covered, short fingernails, no chipped polish, tidy and clean scrub uniform top and bottom. Clean closed toe shoes.
- Demonstrates required clinical equipment including, watch with a second hand, stethoscope, medical scissors, small notebook, ink pen and Oakes Pocket Guide.
- Demonstrates minimal use of personal electronic devices, limiting use for personal documentation in the time record and breaktimes. Students should not use their personal electronic device outside of the RT department. Personal devices should not interrupt student attention.
- Demonstrates a atmosphere of inclusion that is supportive of others and looks for the best in each person.

Initiative and Motivation

Student completes assigned duties without prompting and effectively uses down time for additional learning opportunities.

- Demonstrates initiative and motivation by using every clinical moment as a learning experience to promote professional growth and understanding.
- Demonstrates awareness of what is due and when it needs done. Does not need preceptor prompt because student is always ready to go.
- Observes that scheduled patient care always takes precedence over elective experiences and personal activities.
- Demonstrates effectively use of downtime to perform chart review of assigned patients. **Note this is required despite down time or not.
- Keeps busy with cleaning and setting up equipment, stocking and reading departmental protocols and policies for all assigned therapies.

Communication

Readily, appropriately, and effectively communicates with patients, RT staff, nurses, physicians (second year students) and other members of the interdisciplinary team.

- Demonstrates upfront identification of self, student status and department during all communication with others.
- Always demonstrates professional communication, inappropriate language and topics will not be tolerated.
- First year students (routine care) communicate with patient, family, preceptor and nurse, may communicate with midlevel providers and doctors when ready. Second year students (critical care) communicate with all groups including mid-level providers and doctors.
- Demonstrates effective communication and listening skills in one on one and group situations.
- Demonstrates effective communication and terminology, appropriate for audience understanding.
- Demonstrates clear concise verbal and written communication.
- Demonstrate communication required for all assigned patients.
- Communicates all changes in care and gives frequent updates to clinical preceptor.
- Demonstrates reporting of critical value result to physician as required.
- Demonstrates hand off of care and patient reporting as required.
- Demonstrates confirmation that others understand what is being communicated.

Common Clinical Problems to Avoid

- No call! No show! (This one really upsets people!)
- Arriving at clinic late (> 10 minutes late will be counted as a clinical miss).
- Reporting to clinic looking unprofessional (e.g., out of full uniform).
- Reporting to clinical without proper equipment (e.g., stethoscope, watch with second hand, etc.;
- Leaving clinic without proper notification and/or early without hand off of care report.
- Forgetting to perform an assignment and not telling anyone (these situations are always discovered).

- Talking inappropriately about other students, instructors, therapists, or comparing the department to other clinical sites (Wow! This is a big one).
- Not showing interest in available learning experiences, this is a critical mistake to make and can potentially affect future employment!!!
- Boasting about getting good grades; whining about marginal or poor grades.
- Attempting to impress by excessive overly complex explanations to patients or peers.
- Asking a question and continuing to talk over your preceptor rather than listening to the answer. (Another big one)
- Performing a new or complex procedure without adequate supervision and encountering problems. Do not expect our support in this situation.
- Sleeping, slouching, texting, and the use of social media on either clinical computers or personal smart phone. (This should be moved to the top of the list)
- Excessive use of department telephone, or computer for personal use.
- Smoking is not allowed on any clinical site campus.

Respiratory Care Program Professionalism

Defining a “Professional”

- Have strong motivation and a continuing commitment to the profession.
- Possesses a specialized body of knowledge and skills that have been acquired during a prolonged period of education, training, and practice.
- Is knowledgeable and maintains competency through continuing education and training in theory, analysis and implementation of therapeutic techniques.
- Demonstrates a service orientation towards the patient.
- Adheres to a code of ethics that guides conduct in professional practice.
- Undertakes only such work in which they are competent to perform by virtue of training and experience.
- Utilizes specialized knowledge for the benefit of the patient and does so in the absence of self- interest or bias in any form.

What a professional respiratory therapist is “NOT”

- RCPs students in an RT program because they “need a job” and those that remained in the field for the same reason.
- RCPs whose motivation is just getting through the day and doing what they have been assigned (nothing more).
- RCPs who must be forced into professional conduct and who maintain that conduct only as long as someone is continually monitoring them
- RCPs whose basic interpersonal skills would get them fired at the lowest level job.
- RCPs who accept the death of a patient without any degree of introspection or worse, who view someone’s death as lessening their workload.

- RCPs who allow the incompetence of others to influence the patients care and do so without protest.

What an “IDEAL” respiratory therapist is

- Strong motivation and commitment to the patient - first, foremost, and always. When the patient has a problem, the RCP has a problem.
- Never stops learning. Learns from physicians, from experience, from other RCPs, from nurses....in short, soaks up knowledge like a sponge.
- Can apply #2.
- Does apply #2 within the proper scope of practice.
- Is a valuable member of the healthcare team and capable of working as part of a team.
- In a crisis, is someone people are glad to see.
- Can be trusted both professionally and personally. When given an assignment, you know he or she will carry it out to the best of their ability, not the least they can get by with.
- Actively seeks out methods by which the patient can be helped.
- Good interpersonal skills.
- Self-directed.

Be enthusiastic and always willing to jump into new situations!

Technology and Social Media

Digital technology is an integral part of health care. Students will use various forms of technology throughout their care and treatment of patients. All Respiratory Care students are expected to comply with the Health Professions Policy on HIPAA. Each respiratory care student will also be trained specifically to each clinical site’s HIPAA information.

Students may use resources such as computers, phones, and wearable technology with the observance of strict HIPAA observation. For example, a student may use a computer, smart phone, or wearable technology to look up information on a disease process or medication action. The student may use wearable technology clock features to count patient’s heart rate and respiratory rates; they may not use their personal smart phone for these assessments. Technologies should not be used for socialization in patient care areas and limited to break times. Under no circumstances should students use technology to take pictures in patient care areas, of patient information, or patient documentation.

Social media posts are included when referring to confidentiality and privacy acts. Social media posts on Facebook and Twitter regarding respiratory care procedures, hospital staff, and physicians are strictly prohibited. Posting information about an event of any kind at the hospital is considered a violation of HIPAA and could be the cause for dismissal from the program. If a student has a question about an event that occurred in the clinic or if the student is upset about something that

happened in clinical, the student should consult program faculty or their clinical preceptor immediately.

VII. Student Conduct, Professional Behavior, Appearance and Standards

Health Professions Code of Conduct

Conduct standards for Health Professions are higher than those of the ordinary student or citizen because of the inherent responsibilities assumed by the health professional's role and the trust the public places on the Health Professions to do no harm. Therefore, issues such as professional and interprofessional ethics, honesty, integrity, safety, and confidentiality are considered essential for practice in health professions and students will be held to the professional standards.

A graduate must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research and patient care. If a student is found to be behaving in an unprofessional manner, the student will be removed from the classroom, lab or clinical site. This includes any actions that may be deemed unprofessional by the instructors or surgical staff. Examples of unprofessional conduct include (but are not limited to): verbal or non-verbal language, actions, or voice inflection which compromises rapport with patients, family members, physicians, nurses, respiratory therapists, other staff or instructors. This includes sexual innuendos or flirtatious behavior. Violations of these standards are serious and will result in the student being removed from the classroom, lab or clinical site immediately. Students removed from clinical, will not be readmitted to class or to the program. Please refer to the Health Professions Code of Conduct posted in Cobra for every course.

Dress Code

Uniform

- a. Program approved Parkland green (Hunter green) scrub shirt with black scrub pants or skirt, and optional matching short green or white lab coat.
- b. Long pant legs that drag on the ground are not acceptable.
- c. Parkland patch will be displayed on the left sleeve of both the top and the lab coat
- d. Parkland nametag will be displayed on the left breast.
- e. Clean, closed toe, closed heel, quiet soled (non-porous, athletic type is recommended for infection control), neutral color (black, white, or gray) shoe socks are required.
- f. Foundational undergarments must be worn and not show when bending and reaching.
- g. A solid white tee shirt without visible logos or print may be worn for modesty. The undershirt should not be visible at the bottom edge of the scrub top. Some areas may not permit long sleeves. All undershirts must be tear and stain free.
- h. Students may wear non-hooded fleece jackets while in the department but may not wear them into the patient care areas.
- i. Tattoos: may follow the policy of the assigned clinical site. Tattoos that may be deemed gang related, sexually explicit, or contain vulgar language must be always covered.

Please note that individual clinical sites may have additional specific requirements that students must abide by.

Additional Required Accessories

- a. Snug fitting wristwatch with a second hand or digital readout of seconds.
- b. Stethoscope, it is recommended that the student's name be securely on the stethoscope.
- c. Bandage scissors
- d. Pen, blue or black ink
- e. Oakes' "Clinical Practitioner's Pocket Guide to Respiratory Care", this is a required first year, spring text. <http://www.respiratorybooks.com/Blue.htm>

Personal Grooming

Personal hygiene must be impeccable. Body odor can't be tolerated by patients and coworkers in the clinical setting. Patients can have heightened sensitivity to smells. The administration of medications and strong odors may cause nausea in the medicated patient. All students should wear deodorant at all times and shower frequently; daily if needed. Body sprays, scented lotions, perfumes and colognes are not to be used by respiratory care students in clinical as they often trigger respiratory distress for this patient population.

Fingernails

- Keep fingernails short (1/4 inch), clean, and smooth.
- Clear nail polish may be worn. Avoid dark, embellished or chipped polish.
- Artificial nails **are strictly prohibited** due to Center for Disease Control guidelines.

Body Odor

- Bathe daily before clinical and use deodorant
- Avoid perfume, body sprays, or fragrant lotions in the clinical setting
- Smokers: please be aware that smoke may cling to clothing. This is considered an offensive body odor and must be avoided.

Hair

- Hair must be clean and free of odors or grease.
- All hair color must be a naturally occurring shade (i.e., no pink, green, blue, violet etc colored hair)
- Facial hair must be neatly groomed and appropriate length to ensure appropriate N95 mask fit.
- Students with long hair must wear in a secure style (i.e., ponytail, bun) which does not allow hair to drop over the student's shoulders, block the student's vision or fall on patient.

Piercings / Tattoos

- Conservative ear piercings are acceptable: one stud per ear. No hoops, dangles, cuffs or multiple ear piercings.
- Visible piercings, other than ear lobes, must be removed or concealed with clear piercing holder. For the safety of the student, ear lobe gauge-style piercings are not allowed and require a solid neutral colored spacer.
- Visible tattoos must be covered by clothing or bandages when they contain gang related, sexually explicit, or contain vulgar language, or when the assigned clinical requires it.
 - The standard for students may be stricter than what is observed to be accepted by some staff members. Follow Parkland program policy. When the facility policy is more prohibitive, it must be followed.

Miscellaneous

- Gum chewing, eating, or smoking, etc. is not allowed in clinical areas.
- Do not carry food or candy in your uniform pockets.
- Additional appearance policies in effect at each specific clinical site must also be adhered to while in that clinical setting.
- For other situations, please refer to your clinical site coordinator. The site coordinator has the final say in appearance while in their facility. Students must adhere to the most limiting policy where there is a variance.

If the body odor is present while at clinical, you will be sent home. This concern could keep you from progressing at clinical and could be a reason to be dismissed at clinical

Personal Information Protection for HIPAA

Parkland College Health Professions Department will implement and adhere to the HIPAA Act of 1996. All students who will be attending to patients/clients will receive HIPAA education and training. It is the practice and philosophy of the Health Professions programs to protect the interest of patients and to fulfill the legal obligations mandated under HIPAA.

Definition

Protected Health Information (PHI) is any information that identifies an individual AND relates to:

- 1) The individual's past, present or future physical or mental health; OR
- 2) The provision of health care to the individual; OR
- 3) The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the patient's name or any other information taken together that enables someone to determine an individual's identity, such as, date of birth, gender, medical record number, address, phone number, email address, social security number, or full-face photograph.

1. All patient records (the chart, the surgical schedule and any other information, verbal or written, and any notes taken from the record of facility) are confidential.
2. Students must be protective of patient information once it is removed from the clinical setting. (i.e., notes not left on desks, in classrooms, in cafeterias, or out for any public viewing). No patient names will at any time be removed from the clinical facility.

3. Students must not identify patients, surgical team members or other persons by name in written work, notes or other exercises for learning purposes. In such instances, the use of initials is appropriate.
4. Students will not discuss patients, staff or care issues in public (i.e., with friends or family, or in public places such as the shuttle bus, cafeterias, lounges, bars, restaurants, hairdresser, etc.).

Implications for Students

HIPAA has important implications for Health Profession students and their education. Protecting the privacy of your patients' health information must be foremost in your mind as you are considering how you will communicate what you are learning with faculty, clinical staff, and fellow students. When preparing case specific presentations, papers, discussions, and reports, you must avoid disclosing patient information that could identify the patient.

Consequences

Students providing information to the media will be dismissed immediately.

The student will receive a written warning when the HIPAA violation appears accidental (such as leaving a chart open).

The student will be expelled if a willful HIPAA violation occurs, such as looking up information on a patient without good reason; taking pictures of images with a cell phone, etc.

Any violation of confidentiality may result in removal from a clinical site and dismissal from the program.

Please see the entire HIPAA compliance policy posted in every Cobra course.

Respiratory Care Program Professionalism

The term professional is used to indicate a person who has mastered the knowledge, skills, and behaviors of a given discipline. Many of these professional attributes are expected across many disciplines. Society grants professionals varying degrees of autonomy based on knowledge and skills. With that autonomy is a higher level of accountability, and self-regulation. As a respiratory care student you will be acquiring the specialized knowledge, developing proficiency in the clinical skills, and solidifying the behavioral characteristics of a respiratory care professional.

The Respiratory Therapist will function as a member of a complex healthcare team. This requires the student to develop strong interpersonal skills, including the ability to share information, communicate effectively across all disciplines, coordinate patient care activities to best meet the patient needs, to assist other care givers to best meet the patient's needs, and to always be polite and respectful. Each individual respiratory care student or therapist is a representative of the profession.

Respiratory Care Program Interprofessionalism

Interprofessional collaboration is defined by the World Health Organization as "multiple health workers from different professional backgrounds work[ing] together with patients, families, carers (caregivers), and communities to deliver the highest quality of care." Interprofessional education, communication, and collaboration are essential to providing the best quality of patient care and providing a satisfying experience for patients and their families. Respiratory care students will

participate in interprofessional activities with other Health Professions program students, collaborate with other health care team members in clinical, and may have additional opportunities through professional development activities.

Work Ethics and Soft Skills

In addition to the technical ability to perform respiratory tasks, employers will assess and place value on several interpersonal competencies and personal qualities when considering hiring new team members. Opportunities to demonstrate and enhance these qualities are embedded throughout the respiratory care curriculum.

Ten Characteristics of Work Ethics

Attendance: Arrives on time, prepared for class/clinical. Notifies instructor in advance of planned absences or in timely manner when unplanned.

Character: Demonstrates loyalty, honesty, trustworthiness, reliability, dependability, initiative, self-discipline, self-responsibility, self-regulation.

Teamwork: Is a team worker, cooperative, assertive, displays a customer/patient service attitude, seeks opportunities for continuous learning, displays mannerly behavior.

Appearance: appropriate dress, grooming, hygiene, and etiquette in class, clinical and whenever involved in program activities.

Attitude: Demonstrates a positive attitude, appears self-confident, has realistic expectations of self. Demonstrates resilience and the ability to recover quickly in difficult situations.

Productivity: Follows safety practices, judiciously uses materials and supplies; leaves class and lab area neat and clean; listens and follows instruction and procedures.

Organizational Skills: Demonstrates skill in personal management: time management, prioritization, flexibility, stress management, adapting to change.

Communication: Displays appropriate verbal and non-verbal skills.

Cooperation: Displays leadership; appropriately handles criticism and complaints; demonstrates problem-solving capability; maintains appropriate relationships with supervisors and peers; follows the chain of command.

Respect: Respects the rights of others; demonstrates sensitivity to all forms of diversity and multiculturalism including but not limited to age, gender, gender identity, race, color, ethnicity, nationality, religion affiliation and creed, sexual orientation, socioeconomic status, physical and mental abilities, education, or training; does not engage in harassment of any kind.

These 10 work ethics characteristics are incorporated into each clinical evaluation form at each level and are designated as critical behaviors necessary to be successful in the respiratory program and as a professional respiratory care practitioner. Criteria for each work ethic have been adapted to meet program expectations and requirements.

Key Soft Skills

Motivation

Listening

Interpersonal Skills

Problem solving

Critical Thinking

Negotiation

Networking
Patience
Using Technology

Presentation Skills
Self-confidence
Stress Management

Respiratory Care Program Code of Ethics

Respiratory Care students will conduct themselves in a professional manner in the classroom, the lab, and the clinic.

Respiratory Care students will treat all members of the healthcare team, patients, families, and visitors with respect and compassion.

Respiratory Care students will demonstrate personal cleanliness and appropriate attire in the classroom, labs, clinical and other educational events.

Respiratory Care students will strive to consistently display maturity, politeness, and respect to all in the classroom, lab, and clinical.

Respiratory Care students will approach coursework and clinical experiences as an opportunity to learn and develop through study and practice as they progress through the program.

Respiratory Care students will communicate with faculty, fellow students, clinical staff, patients and families through attentive listening and respectful use of verbal and nonverbal messaging.

Respiratory Care students will be honest and integrity in completion of assignments in the classroom, lab and clinical.

Respiratory Care students will practice shared responsibility for identifying learning opportunities, self-assessment of their progress in developing essential knowledge and skills.

As a future member of the medical profession, respiratory students will consider it their responsibility to maintain the highest ethical standards for his/her profession. It is expected that the student will report any act which may impair trust or degrade the respectability of their profession. Any such incident should be reported to any respiratory care faculty member. It is also expected that each student will observe the rights of others and maintain high ethical standards in his/her personal and professional conduct.

The AARC statement of ethics and professional conduct provides the framework for the expected professional behavior of the respiratory care student and developing professional.

AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities, the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Seek educational opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.

VIII. Parkland College Policies

Extended Absences

See General College Syllabus

Absence Due to Religious Obligations

See General College Syllabus

Children in the Classroom

It is understood that the mission of the College is to provide an atmosphere that is as free as possible from outside distractions and disruptions. To maintain this learning environment, unaccompanied and unauthorized minor children are not allowed on the campus. To protect children from possible injury and to maintain a safe, secure learning environment, children are not permitted in classes and are not to be left unsupervised anywhere on campus, including employee work areas. (College Policy 5.04)

Accessibility Services

See General College Syllabus

Academic Honesty

The following statement is the sanctioned affirmation of academic honesty in works submitted by students:

“I honor Parkland’s core values by affirming that I have followed all academic integrity guidelines for this work.”

Parkland College’s values include honesty, integrity, and responsibility. Students, faculty, and staff are all expected to maintain academic integrity in their work and take collective responsibility for preventing violations of intellectual ownership.

Healthcare professionals are held to the highest standard and must be trusted to be honest in any situation. Academic dishonesty is unacceptable, and the institution is committed to helping students learn these values through development and growth. Personal commitment, honest work, and honest achievement are necessary characteristics for an educated person and a health care professional. Parkland faculty and administration can no longer make assumptions about what is considered cheating (academic dishonesty) and what students understand to be cheating (academic dishonesty).

Parkland Policy in Student Policy Manual: Please go online and read through the manual.

<http://www.parkland.edu/studentLife/policies/default.aspx>

Page 5: Cheating: Using or attempting to use unauthorized materials, information, or study aids in any academic activity.

Submitting as one’s own work term papers, homework, and examinations that are not one’s own work or for which a student received unauthorized help.

Page 6: Collaboration: Students at Parkland College are encouraged to work together on group projects, study, and other activities. However, work submitted to fulfill an assignment not specifically identified as a group activity must be substantially the work of the author. Collaboration beyond this constitutes academic misconduct.

Examples of Cheating

1. Taking pictures of exams
2. Taking pictures of a computer screen with test questions
3. Texting each other while sitting at your own computers sharing answers
4. One student looking up answers while another student answers questions on an assignment/test.
5. Taking pictures of cadavers
6. Posting, texting, or communicating parts of a test or quiz.
7. Taking quizzes together

UNLESS YOUR INSTRUCTOR HAS SAID, “this is a group project” or use any resource, including your classmate, your work should be just YOUR work, or it is cheating.

Consequences of Cheating:

1. Fail the quiz, test or assignment- and/or
2. Fail the course- and/or
3. Be dismissed from the Program- and/or
4. Be dismissed from the College

IX. Health Professions Policies-The following policies are posted on Cobra for Health Professions Courses.

Guidelines for Accommodations in Health Professions

Spoken and Written English Policy

Social Networking Policy

HIPAA Policy

Clinical Failure and Grading/Withdrawal

Intent to Dismiss Policies and Procedures

Student Health, Immunization, Drug, and Background Policy and Procedures

HP Model for Building Professional and Interprofessional Teamwork

Name Change on Graduation Policy

Health Professions Code of Conduct

X. Additional Program Topics

Clinical and Lab Etiquette

- The faculty may request that for some classroom activities ALL laptops, cell phones, electronic watches, pagers, iPODS, and other electronic devices that may be distracting to the student, or other members of the class, be turned off or silenced and stowed.
- There may be times when the use of a smart phone or internet connectivity is integrated into the class activity.
- If you must make or receive a call, please quietly leave the room. In classes that are scheduled to run more than fifty minutes, there will be a 10-minute break approximately every hour in which you may use communication devices. If you have a situation at home (i.e. Sick child) that may result in the need for your immediate attention, please let the instructor know prior to the beginning of class/lab.
- Use of your electronic devices inappropriately during classroom activities MAY result in the deduction of points from your class grade. Some courses may include a “professionalism” grade category. Points may be added to or subtracted from this grade item.
- If you are late, enter quietly, and take the nearest open seat. Retrieve any materials that you need for class from book bags prior to entering to avoid creating a distraction. Instructors do have the right to allow admittance at breaks only when the classroom activity requires it.
- If you have an elevated temperature, or are vomiting, PLEASE STAY HOME. Wash or sanitize hands often. Cover your cough and sneeze, please. Open skin lesions are to be covered.
- Leave the desktop and area around you as neat, or neater than you found it. Dry water puddles, dispose of trash. Clean any sticky areas. Only covered drinks are allowed in classrooms. Eating is not permitted. Exceptions will be made for an organized and planned group food day when there is designated time for eating.
- Equipment in the lab is very expensive. Students are expected to handle equipment carefully, and to be good stewards of disposable equipment by avoiding waste. If you are working with a piece of equipment that breaks, report it to the instructor immediately so that it can be repaired or replaced.
- All non-disposable, multi-patient equipment is to remain in the lab. The personal disposable items provided to you in the lab may be taken home for study purposes. Those items must, however, be available to you when needed in your lab.

XI. Student Policy Compliance and Attestation

Handbook

As a student in the Parkland College Respiratory Care Program, I have received a copy of the the program policies. These policies have been reviewed with me and I have had an opportunity to ask questions about any policy that I do not understand.

- As a Respiratory Care student, I agree to follow the policies and procedures as written.
- I understand the associated consequences of not following program policies.
- I agree to strictly follow the code of ethic and confidentiality clause guidelines.

Student Printed Name: _____

Student Signature: _____ Date: _____

Pregnancy

I have been informed of and understand the risks associated with pregnancy when attending clinical and agree to inform my instructor immediately if I suspect that I am pregnant (as a clinical student). The Program Director and Dean of Students will formulate a plan to assist with scheduling course work in order to achieve completion of the program.

- Not applicable.

Student signature: _____ Date: _____

Honor Pledge

Conduct standards for a respiratory care student are higher than those of most students because of the inherent responsibilities assumed by the role of patient care provider and the trust the public places on care givers to do no harm and protect to patient while providing his/her care. Therefore, adherence to the Parkland and Respiratory Care Code of Conduct and all policies of the program. Furthermore, honesty is considered essential for the practice of respiratory care, and respiratory care students will be held to a higher standard.

Student signature: _____ Date: _____

HIPPA

Respiratory Care students will have access to sensitive information about patients in their care. Respiratory Care students are expected to always protect patient information, in classroom discussion, or in clinical. At no time are students permitted to copy patient records and remove them from the facility, or to remove assignment worksheets containing patient personal information. Violation of HIPPA requirements may result in consequences up and including removal from the Respiratory Care program.

Student signature: _____ Date: _____

Castle Branch Health Record Responsibility

I have been advised of the due dates for health record requirements, including the annual influenza vaccine and the annual TB surveillance. I have been advised that CPR certification must be valid at all times while I am a respiratory care student.

Student signature: _____ Date: _____

Permission to Record Voice and or Likeness

I understand that the virtual classroom, 65lab activities, and interprofessional simulation exercises are frequently videotaped for the sole purpose of supporting student learning and providing program information. I grant Parkland College and the Health Professions faculty permission to record my voice and person for potential use in supporting student learning.

Student signature: _____ Date: _____